

APPLICATION

Community Development Block Grant Program

Allocation Years

2010-2011

2008-2011

Allocation Type:

General Allocation

Native American Allocation



STATE OF CALIFORNIA
Department of Housing and Community Development
Division of Financial Assistance
Community and Economic Development Section
Community Development Block Grant Program (CDBG)
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INTRODUCTION

1. CONTENTS OF APPLICATION

The Application is divided into the following five major sections:

- Introduction
- Getting Ready
- General Application Instructions and Forms
- Activity-Specific Instructions and Forms
- Appendices

2. TIMELINESS

A. Key Dates:

NOFA & Application release:	April 15, 2010
Application Workshops:	April – May, 2010
Applications due to HCD by 5:00 p.m.:	June 25, 2010
CDBG Compliance of Housing Element:	June 25, 2010
Awards Announced	September 2010

B. Application Submittal Deadline:

- 1) Applications must be received by the Department by 5 p.m. on **June 25, 2010**.
- 2) Late applications will not be considered for funding.
- 3) Tele-faxed or e-mail transmitted applications will not be accepted.
- 4) The Department will conduct a preliminary review of each application to determine whether the application meets all of the threshold criteria. Applications that meet all of the threshold criteria will be eligible to be rated and ranked.
- 5) After the application due date, the Department will not consider unsolicited information from an applicant. However, the Department may contact an applicant to clarify an item in the application. Applicants should note that the Department will not seek clarification of items or responses that improve the substantive quality of the applicant's response to any eligibility or selection criterion.

Applications received by the Department after 5 P.M., June 25, 2010 will not be accepted and will be returned to the jurisdiction regardless of the date of postmark/mailing.

INTRODUCTION

3. INSTRUCTIONS FOR SUBMITTING AN APPLICATION

A. Required Number of Complete Applications: Two (2)

- 1) One complete original set (with original signatures, in blue ink) of the entire application and all attachments.
- 2) One additional copy of the authorizing Resolution for the submittal of the application (place in the front pocket of the original application set).
- 3) One copy of the entire application and all attachments.

B. Packaging:

- 1) Place each copy of the application and attachments in an appropriate-sized, 3-ring, loose-leaf binder.
- 2) Place an identifying label on both the cover and the spine of the loose-leaf binder.
- 3) Clearly label the "Original" and the "Copy".
- 4) Paginate every page (except tabs).
- 5) Use tabbed pages or other clearly-marked separating devices to mark attachments. Do not use adhesive stickers or flags; these devices are easily misplaced or lost.

C. Before Submitting the Application:

- 1) Check each copy of the application for completeness.
- 2) Make sure all attachments are included.
- 3) Ensure that all pages (including attachments) are numbered consecutively.
- 4) Ensure that all tabs or separating devices, including the ones marking the attachments, clearly indicate the appropriate section of the application.
- 5) Ensure that the Original application contains all original signatures on the appropriate forms and that they are signed in blue ink.
- 6) If mailing the application, please use a postal tracking service and retain the mailing receipt for your records.

D. Application Submittal:

Mailing Address:

State Community Development Block Grant Program
Department of Housing and Community Development
P. O. Box 952054, MS 330
Sacramento, CA 94252-2054

Street Address:

Same
Same
1800 3rd Street, Suite 330
Sacramento, CA 95811

GETTING READY

4. PROCESS AND CHANGES

A. How to Proceed:

- 1) Review the NOFA and the Application Package carefully. Contact a CDBG Program Representative for further assistance if needed.
- 2) Select the category of activity you wish to propose. For a detailed description of activities, please refer to:
<http://www.hud.gov/offices/cpd/communitydevelopment/library/stateguide/ch3.pdf>
- 3) Review the Threshold Requirements to determine if eligible to apply for the 2010 – 2011 funding round.
- 4) You may apply for one or more activities. Refer to the NOFA for instructions on the number and type of allowable activities per application and for limits on amounts per activity.
- 5) Conduct all applicable public hearings. Refer to the NOFA and Appendix J for requirements and samples. The application approval/ submittal must be documented with a resolution by the governing body.
- 6) Complete the appropriate activity sections of the application. Please review the Instructions before filling out any activity forms. Contact a CDBG Program Representative if you have any questions.
- 7) Complete the Application Table of Contents and Application Summary.
- 8) Review the application and each activity to be sure you have included all the required forms and necessary documentation.
- 9) For jurisdictions procuring program operators, ensure the proper procurement procedures are followed, per the instructions in the CDBG Grant Management Manual (GMM) Chapter 2, Program Operators, and Chapter 8, Procurement, located at:
<http://www.hcd.ca.gov/fa/cdbg/manual/>.
- 10) Housing Element Compliance. In order to be eligible for an award, all applicants must be in CDBG compliance with their Housing Element no later than **June 25, 2010**. Please contact Paul McDougall, Manager of Housing Policy Development (HPD), at (916) 322-7995 if you do not know the status of your housing element.
- 11) Submit the application by the deadline.

B. Changes:

- 1) The application has been streamlined to remove duplication of instructions and forms.
- 2) The forms are in a WORD format using check boxes, drop-down menus and text fields that can be filled in without the structure changing, allowing applicants to type directly on the forms.
- 3) The State Objectives have been moved to the Application Summary section.
- 4) In the Application Summary section, there is one “Sources and Uses” Summary for all funding related to the application activities. The activity-specific sources and uses charts (Federal/State/Local/Private) have

GETTING READY

been moved to the Activity Forms to facilitate the tracking of funding by activity.

- 5) Applications that include a Set-Aside Activity are **required** to provide most of the same information as a non Set-Aside activity except for the “Need” section of the Activity. Please carefully review the Set-Aside instructions.
- 6) Appendices are provided with expanded information and instructions.

5. **CDBG BASICS - DETERMINING NATIONAL OBJECTIVE AND BENEFICIARIES**

In order to be eligible, every CDBG-funded activity must meet one of the three national objectives and primarily benefit low- and moderate-income persons, also known as the “Targeted Income Group” (TIG). Additional information on national objectives is available at <http://www.hud.gov/offices/cpd/communitydevelopment/library/stateguide/>. The following information should be considered when deciding on proposed activities:

A. National Objective:

According to 24 CFR Section 570.483, in order to be eligible for funding, every CDBG-funded activity must meet one of the three following national objectives of the program:

- 1) Benefiting low- and moderate-income persons; or
- 2) Preventing or eliminating slums or blight; or
- 3) Meeting other community development needs having a particular urgency because of existing conditions that pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available to meet such needs.

Due to statutory requirements, most activities funded under the State CDBG General and Native American allocation programs will meet the national objective of benefiting low- and moderate-income persons.

B. Beneficiaries:

Persons of low- and moderate-income are defined as families and individuals whose incomes do not exceed 80 percent of the area median income, with adjustments for smaller and larger families. State CDBG uses the term “TIG” for households at or below 80 percent of median income. Income limits by county may be obtained at:

http://www.hcd.ca.gov/hpd/hrc/rep/state/cdbg_home09.pdf

Each application must provide information on the proposed beneficiaries. All proposed activities must have a minimum TIG benefit of 51% in order to be eligible.

>> Please refer to Appendix B for further instructions on Beneficiaries<<

Beneficiaries may be measured by people, housing units, households or jobs.

GETTING READY

The type of beneficiary associated with an activity is stated within each specific Application Activity Instructions/Forms. Please include a breakdown by very low-, low-, and moderate-income beneficiaries.

Applications that include activities with higher TIG benefit percentages will be more competitive during the rating-and-ranking process.

6. **DETERMINING SERVICE AREA**

CDBG-funded activities may be carried out to benefit an entire jurisdiction, or just a specific area of the jurisdiction (Target Areas). The service area will establish how the proposed TIG beneficiaries are determined.

A. Jurisdiction-wide:

If an activity is proposed to benefit persons throughout a jurisdiction, then **HUD** jurisdiction –wide low- and moderate-income data is used to document the TIG benefit (unless a jurisdiction-wide Income Survey is used in its place).

B. Target Area(s):

A Target Area is a specific portion of a jurisdiction that will benefit from a CDBG activity and must be primarily residential in nature. A Target Area could also include both incorporated and unincorporated areas.

Beneficiaries in a Target Area are determined by using census tract/block group methodology (if the area matches the census tracts/block groups), the results of an Income Survey, or a combination of both.

A readable map must be provided showing the exact census tract and or block groups being served or the exact area an Income Survey was performed. Each target area will require a separate set of tables with the proper data and a map of the area(s).

Most maps can be obtained by visiting the American Fact Finder website at: www.factfinder.census.gov/servlet/thematicmapframesetservlet

>>Please refer to Appendix C for further Service Area instructions<<

GETTING READY

7. **DETERMINING APPROPRIATE ENVIRONMENTAL REVIEW LEVELS**

Every jurisdiction that receives CDBG funds is legally responsible for complying with the environmental review regulations contained in the California Environmental Quality Act (CEQA) Guidelines, the National Environmental Policy Act (NEPA) and Federal regulations at 24 CFR Part 58 (Environmental Review Procedures for Entities Assuming HUD Environmental Responsibilities). 24 CFR Part 58 may be found at: http://www.access.gpo.gov/nara/cfr/waisidx_04/24cfr58_04.html

- A NEPA environmental review is required **prior to the obligation, expenditure or drawdown** of CDBG funds.
- Environmental review requirements apply to all CDBG-funded activities, including the “10 percent Set-Aside” activities and projects or programs funded with CDBG program income.
- Different activities require different levels of environmental review.
- The environmental review will identify the physical, social and economic impacts of the entire proposed activity. This will include the entire scope of on- and offsite development enabled as a result of CDBG involvement, irrespective of the source of funding.
- Once an application for CDBG funding has been submitted to the Department, neither CDBG nor non-CDBG funds may be committed to the proposed activity prior to receiving clearance from the Department.

>> Please refer to Appendix D for further Environmental Review instructions<<

8. **GENERAL ADMINISTRATIVE AND ACTIVITY DELIVERY LIMITATIONS**

CDBG has established limits on the amount of funds that can be requested for reimbursement of general administrative and activity delivery expenses related to implementing a CDBG grant.

All reimbursement requests will require supporting documentation at the time the request is made, even for General Administrative and Activity Delivery reimbursements.

A. General Administrative (GA) Expenses:

Grantees are allowed up to 7.5 percent of the total grant amount for reasonable general administrative expenses related to carrying out the CDBG Program. General administrative costs include staff and related costs required for overall program management, coordination, monitoring, reporting, and evaluation.

Jurisdictions may commit additional local, non-CDBG resources to GA beyond the 7.5 percent funded by CDBG for a total of up to 10 percent of grant funds.

Applicants may choose to make a commitment of local funds for general administrative costs as a means of achieving additional points under the scoring category of “Local Leverage” (see the NOFA for more information about the scoring categories).

GETTING READY

Example 1: 7.5% grant funds and 2.5% local funds = 10% allocated for GA. Jurisdiction A requests \$800,000 and proposes using 7.5% of the CDBG award (\$60,000) for GA. Jurisdiction A could receive competitive credit for up to \$20,000 in local administrative services (local leverage) contributed to the grant as determined by the following formula:

- 10% of the \$800,000 grant = \$80,000 maximum allowable for GA
- \$60,000 (7.5% CDBG) + \$20,000 (2.5% Local Leverage) = \$80,000

Example 2: 5% grant funds and 5% local funds = 10% allocated for GA. Jurisdiction B requests \$800,000 and proposes using 5% of the CDBG award (\$40,000) for GA. Jurisdiction B could receive competitive credit for up to \$40,000 in local administrative services (local leverage) contributed to the grant as determined by the following formula:

- 10% of the \$800,000 grant = \$80,000 maximum allowable for GA
- \$40,000 (5% CDBG) + \$40,000 (5% Local Leverage) = \$80,000

Note: Jurisdiction B would be more competitive than Jurisdiction A in the category of local leverage if these were the only local contributions.

B. Activity Delivery Expenses:

A portion of the grant award may be used to pay for the actual costs associated with the delivery of the proposed activity. Activity delivery includes costs associated with staff and overhead directly involved with carrying out the activity.

Activity delivery costs vary, depending on the activity category. As a general guideline, the cost of activity delivery has been:

- | | |
|--|-------------------------|
| • Housing Rehabilitation: | up to 19 percent |
| • Public facilities or public improvements | up to 8 percent |
| • <i>(if complex labor standards are justified*)</i> | <i>up to 12 percent</i> |
| • All other activities: | up to 8 percent |

* Complex labor standards means multiple subcontractors and/or numerous trades.

Note: Activity delivery costs are calculated as a percentage of the total activity amount.

Example: For a \$300,000 Homeownership Assistance Program with activity delivery costs of 8 percent, activity delivery would be calculated as follows:

$$\$300,000 \times 0.08 = \$24,000 \text{ (activity delivery)}$$

GETTING READY

C. Activity Delivery Costs for Housing Combo Program:

The activity delivery costs for the Housing Combination Program should be calculated based on the activity amounts being applied for and using the guidelines in Section 10(b). If the applicant gets awarded and decides to transfer funds between the two activities, then the activity delivery allocations will be re-calculated accordingly.

D. Determining the amount of General Administration and Activity for an application:

Example: Jurisdiction X is applying for the maximum allowable grant of \$800,000. The activities applied for are a public improvements project, housing rehabilitation program and a 10% Set-Aside activity for public facility.

General Administration (GA): $7.5\% \times \$800,000 = \$60,000$

10% Set-Aside Activity: $10\% \times \$80,000 = \$80,000$

Total of GA and Set-Aside: \$140,000

The remaining amount in this application is \$660,000 (\$800,000 – \$140,000). This amount will go towards the two main activities and the jurisdiction wants to divide it equally between these activities as follows:

Public Improvements Activity: \$330,000 (includes activity delivery)

Housing Rehabilitation Activity: \$330,000 (includes activity delivery)

The final step is to break out the activity delivery amounts, which is described above in Section B.

>> Please refer to Appendix E for Cost Categories for CDBG Activities<<

9. APPLICATION REVIEW AND SCORING

Applications are rated according to criteria in the California Code of Regulations (CCR), Title 24, Sections 7078.1 through 7078.7. These regulations can be found at:

http://www.hcd.ca.gov/fa/cdbg/CDBG_REGULATIONS_7_25_08_3_.pdf

Applications are assigned quantitative ratings and are ranked against each other. The maximum possible score is 1,000 points. Points are divided among eight general scoring groups:

- | | |
|---|------------|
| • Poverty Index | 100 points |
| • Targeted Income Group (TIG) Benefit | 300 points |
| • Need for the Activity | 200 points |
| • Prior Performance Operating CDBG Grant(s) | 150 points |
| • Capacity | 100 points |
| • Readiness | 50 points |
| • Leverage | 50 points |

GETTING READY

- State Objectives 50 points

The NOFA provides specific information on application evaluation.

>> *Please refer to NOFA Item 11 for further Evaluation and Readiness Criteria*<<

Note: The application is a “stand-alone” document and must include all relevant forms and supporting documentation. References to other files or CDBG grants will not be accepted unless noted in the instructions.

GETTING READY

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APPLICATION INSTRUCTIONS AND FORMS

10. **APPLICATION TABLE OF CONTENTS - Instructions**

Complete the Table of Contents and submit it as the first page of the application. The Table of Contents provides the order in which the application must be organized and submitted. It also provides a checklist to ensure that all required documentation is included in the application.

Note: The forms are in a WORD format using check boxes, drop-down menus and text fields that can be filled in without the structure changing, allowing applicants to type directly on the forms. If the forms are completed incorrectly or if the proper documentation is not included, CDBG staff may disregard the information and **no** points will be assigned. Therefore, it is very important that the forms are completed thoroughly, accurately and supporting documentation is provided and clearly marked. If you have any questions on the use of the forms, please contact Linda Boyle at 916-319-8065.

The subsequent sections of the application contain sets of forms for each of the different eligible activities under the NOFA. Each section begins with the instructions on how to complete the activity forms and how to provide the proper documentation so the activity can be rated and ranked.

11. **THRESHOLD REQUIREMENTS - Instructions**

Prior to beginning the rating-and-ranking (R/R) process, the Department will review each application to determine whether it meets the threshold criteria and can be rated and ranked.

Note: **Not complying with one or more of the threshold criteria may result in finding the application ineligible for funding.**

A. Ineligibility Based on the Federal Debarment List:

Applicant jurisdictions must check and document the Federal Excluded Parties (debarment) list to ensure eligibility to receive Federal funds.

The jurisdiction will certify that the applicant jurisdiction and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in federal assistance programs.

“Principals” mean officers, directors, owners, partners, key employees, or other persons with primary management or supervisory responsibilities within a community. Principals also include persons who have critical influence on, or substantive control over, a jurisdiction whether or not employed by the jurisdictions (7CFR 3017.205).

APPLICATION INSTRUCTIONS AND FORMS

The EPLS website can be accessed at www.epls.gov. Once at the site, perform the following steps:

- On the left-hand side of the screen, click on “Multiple Names”.
- A message screen will pop up.
- Check the box ☒ on the second line from the bottom.
- Check the ☒ in the upper right corner of the pop-up screen to close the screen out.
- The next screen, “EPLS Multiple Name Search,” will pop up.
- On the last line “Match,” make sure the ☒ is selected for “Partial Name”.
- In ALL CAPS, enter the name of the jurisdiction with the word AND in between each word. For example, for the City of Arcata, enter **CITY AND ARCATA**. Note: Do not type CITY OF ARCATA.
- Print a copy showing the jurisdictions search and include it in the application.

B. Holdout Status:

If the applicant has received a Holdout letter, the applicant will need to receive a written release from Holdout from the Department prior to submitting an application. Please include the letter in the application.

Note: Hold-out findings cannot be cured after the submittal date of the application.

C. Housing Element Compliance:

The Department will not award funds to any applicant who is not in CDBG compliance with their Housing Element as of **June 25, 2010**. No extensions will be granted beyond that date. Contact Paul McDougall, Manager of Housing Policy Development (HPD), at 916-322-7995 to verify status of the housing element.

D. Growth Control:

If the applicant has a General Plan, ordinance, or other measure which directly limits by number either the building permits which may be issued for residential construction, or buildable lots which may be developed for residential purposes, and the measure does not meet any of the exceptions found in the Program Regulations, Section 7056 (b)(2)(B), the applicant jurisdiction is not eligible to receive federal funding. If the applicant meets an exception, attach a copy of the jurisdiction’s growth measure in this section of the application. See: http://www.hcd.ca.gov/fa/cdbg/CDBG_REGULATIONS_7_25_08_3_.pdf

APPLICATION INSTRUCTIONS AND FORMS

E. Statement of Assurances:

Applicants must submit the Statement of Assurances form with the 2010 revision date with the application. If an award is made, the grantee must assume responsibility for compliance with state, Federal and applicable local laws and regulations that apply to the expenditure of state CDBG Funds.

Program regulations require the applicant to assure that the jurisdiction and all subrecipients will comply with all applicable state and Federal requirements. Some requirements pertain to all local CDBG activities such as audits and procurement standards while others are specific to certain activities, such as relocation law and labor standards.

The Statement of Assurances form with the 2010 revision date includes all currently-required provisions.

The Statement of Assurances **must be signed in blue ink by the jurisdiction's Chief Executive Officer**, regardless of any signatory designation in the governing body's resolution authorizing submission of the application.

F. Compliance with OMB Circular A-133:

Complete the form and have it signed by the Authorized Representative in **blue** ink.

- All applicants must use the form provided in this Application Package.
- The Department will not disburse funds to grantees that are not in compliance with OMB A-133.

If exempt, include a copy of your letter to SCO informing of the exemption.

G. Citizen Participation:

Pursuant to 25 CCR s 7080, each applicant shall provide opportunities for the participation of all persons who may be affected by the program. A minimum of one public hearing is required for each of the following two phases: program design phase and application preparation phase. Citizen Participation requirements must be met prior to the application submittal deadline.

- Attach the required documentation.

APPLICATION INSTRUCTIONS AND FORMS

H. Resolution of the Governing Body:

The Resolutions submitted with this application must:

- Be an original or an original certified copy of the Resolution; and
- Authorize submission of the application; and
- Approve the application's contents (funding requested, activities, committed leverage, etc.; and
- Authorize the execution of a contract and any amendments based on the application; and
- Designate an authorized person (by title) to enter into a contract; and
- Designate persons (by titles) to sign all reports, including Requests for Funds.

CDBG strongly recommends that applicants use the suggested language in the sample Resolution in Appendix I.

I. NEPA Environmental Certification for General Administration:

Prior to project implementation, the jurisdiction must prepare the appropriate environmental review(s) for each activity funded by CDBG.

- The General Administrative environmental review must be included with the application.
- Activity-Specific environmental review(s) are incorporated into the Readiness criteria of each activity.
- **Remember: NO choice limiting action may occur prior to clearance of environmental review requirements. See Appendix D for further Environmental information and instructions.**
- HUD Environmental Form for Statutes and Regulations at 24 CFR 58.6

>>See Appendix D for additional information<<

12. APPLICATION SUMMARY - Instructions

A. State CDBG Allocation:

- Is this a General CDBG application or a Native American application?
- Complete all required information in this section.

B. Application Information:

Please provide the name and address of the applicant. If the application is being submitted on behalf of more than one jurisdiction, include the name and address of the other jurisdictions and provide separate application summary pages for each jurisdiction. Also, include the applicant's DUNS number.

APPLICATION INSTRUCTIONS AND FORMS

- A Joint Powers Agreement or a Memorandum of Understanding (MOU) is required by the CDBG Regulations, Section 7060(c), as part of an application on behalf of another jurisdiction or for joint applications. Applicants must prepare a Joint Powers Agreement if the following conditions exist:
 - if one application is submitted by two or more jurisdictions; or
 - if a county is applying on behalf of a city in the same county; or
 - if a county is applying on behalf of itself and a city in the same county; or
 - if a city/county is applying on behalf of a Native American target area that is located within another city/county.
- If the applicant proposes to enter into a Joint Powers Agency, the Department must be consulted regarding the inclusion of legal requirements.
- The Department must approve the Joint Powers Agreement **before** it is executed.

C. Authorized Representative Information:

Complete all required information pertaining to the jurisdiction's authorized representative, *as stated in the authorizing Resolution*. Sign and date the application. The Authorized Representative's signature **must** be in **blue** ink.

D. Applicant Contact Information:

Please provide the required information for a contact person who is best able to answers questions regarding the submitted application.

E. Legislative Representative Information:

List all of the district numbers and appropriate Legislative Representatives' names for your jurisdiction. The Department will notify all legislators of funding decisions.

F. Target Populations:

Use the numbers on this list to identify target population(s), by activity, in the *Requested Funding for All Proposed Activities* section. Activities may serve many of the target populations listed, but choose the primary target population(s).

APPLICATION INSTRUCTIONS AND FORMS

G. Requested Funding for All Proposed Activities:

Itemize the funds requested for each proposed activity in the application.

- An application may include one or more activities.
- Refer to the NOFA for funding limitations.
- Indicate the requested dollar amount for each activity.
- Be sure to include the activity delivery amount on a **separate** line.
- Indicate who will administer the activity, i.e., jurisdiction staff, another activity administrator or a combination.
- Using the previous *Target Populations* chart, identify by Target I.D. number the primary target population group(s) anticipated as being served by each activity. Include the number of primary population group members to be served.
- Indicate whether this activity is an implementation of a previous CDBG funded Planning and Technical Assistance (PTA) grant or is a subsequent phase of a previously funded activity and include the contract number.

Caution: Listing a previous PTA/General grant is for statistical purposes **only**. If the results of a previous PTA/General grant will be used as part of the documentation of activity(ies) need or readiness, include all applicable supporting documentation. This Department will not consider any previously submitted PTA/General grant documentation.

H. State Objectives:

Up to 50 bonus points are awarded to applications that address an identified State Objective. If you are claiming state objective points for activities within this application, select which objective(s) and indicate for which activity and where supporting documentation can be found.

Although only a maximum of 50 points will be awarded per application, select all objectives that are applicable to your application.

Note: In order to receive State Objective Points, you must **claim** them.

>>See the NOFA and Appendix F for additional information on State Objectives<<

APPLICATION INSTRUCTIONS AND FORMS

I. Section 504 Self Evaluation:

HUD requires jurisdictions to have documented their compliance with Section 504. Applicants must attach a Section 504 Self-Certification form with their Application Package. It is important to note that the form itself does not constitute the jurisdiction's efforts to meet Section 504. The jurisdiction should have performed an analysis and evaluation of each factor and prepared a Section 504 Plan. The self-certification form is used to certify that the jurisdiction has performed this analysis and evaluation and to record areas of compliance or problems. For more information, refer to the Grant Management Manual at: <http://www.hcd.ca.gov/fa/cdbg/manual/>

J. Relocation Plan:

Pursuant to Section 104(d) of the HCD Act of 1974, as amended, as a condition of receiving CDBG funds, the grantee must certify that it is utilizing a residential anti-displacement and relocation assistance plan for its grant. Section 104(d) further requires relocation benefits to be provided to low-income persons who are displaced as a result of a CDBG-assisted project. The implementing regulations for Section 104(d) can be found in 24 CFR Part 570(a).

13. CERTIFICATIONS – Instructions

All applicants must use the certification forms provided in the 2009 Application Package. No other versions of the forms will be accepted.

For each certification, signatures must be original and in **blue ink**.

- Statement of Assurances: This form must be signed by the jurisdiction's Chief Executive Officer, regardless if they are the application-designated "Authorized Representative."
- OMB A-133 Circular Certification
- Environmental Finding Form
- HUD Environmental Form for Statutes and Regulations at 24 CFR 58.6

14. GRANT ADMINISTRATIVE CAPACITY - Instructions

Indicate whether the applicant has had any CDBG general allocation grants for any of the years from 2006 through 2009.

- **Do not include any CDBG PTA grants.**
- If "Yes", please indicate the funding allocation(s) and contract number(s).

APPLICATION INSTRUCTIONS AND FORMS

If the applicant has not had any CDBG general allocation grants for any of the years 2005 through 2008, indicate how the grant is anticipated to be administered.

- If only in-house staff will be used:
 - Include supporting documentation to show grantee staff experience.
 - **Note:** Full points under this criterion will be awarded only for inclusion of both resumes and duty statements that demonstrates capability or experience to administer CDBG funds.
- If an outside activity administrator will be used:
 - Include letter(s) of interest;
 - Descriptions of experience administering CDBG grants;
 - If a subrecipient will administer the grant, also provide a copy of the executed Subrecipient Agreement.
 - If an administrator has already been procured for the general administration of the proposed grant, specify if procurement procedures were followed, per 24 CFR 85.36 and the CDBG Grant Management Manual Chapter 8.
 - Indicate the procurement method used.
- If a combination will be used, describe and provide the documentation used as noted above.

>>See NOFA Page 13 for additional information<<

15. **APPLICATION FUNDING SOURCES/USES/PROGRAM INCOME/LEVERAGE - Instructions**

A. General:

For each activity, including General Administration, applicants must identify on the application funding table the totality of all resources that are anticipated to be utilized in carrying out the applicant's proposed activities. These resources may include a combination of grant funds, CDBG program income, other governmental resources and local and private contributions.

On the Application Summary Chart for Activities:

- Under "Activity", list General Administration (GA) first.
- Following GA, list all of the activities in the application, including the set-aside activity.
- Fill out the columns to the right of the Activity with the anticipated resources that will be used to carry out each anticipated activity by total dollar amount.
- Include the appropriate resource documentation and note the page(s) on the "Application Table of Contents" under "Leverage/Sources and Uses Summary."
- Applicants must ensure that the proper citizen participation procedures have been followed prior to committing any local funding or program income to an application.

APPLICATION INSTRUCTIONS AND FORMS

- A similar procedure to the above must be repeated for each activity.

B. Program Income:

- In the Program Income (PI) column header, show the applicant jurisdiction's balance of CDBG program income as of March 31, 2010.
- For each proposed activity to which the jurisdiction is committing program income, identify the exact amount of PI committed.
- Make sure the exact amount of PI committed in the application is not more than the amount currently on hand and is covered by the amount shown in the governing body resolution.
- Include a copy of the Resolution as documentation.

Note: The committed Program Income will be reflected in the contract and must be fully expended prior to requesting any CDBG grant funds for the same activity.

C. Other Governmental Funds:

- Indicate other State or Federal funding that is anticipated as a component of activities within this application.
- Include a copy of supporting documentation.

D. Leverage:

The Department will award points for private and local governmental commitments to provide additional resources which are directly linked to a proposed activity.

- Program Income is not considered leverage.
- State or Federal funding is not considered leverage, including State/Federal funds passed through a private entity.
- The value of loans for Housing Rehabilitation or Homeownership Assistance programs is not considered leverage.
- **In order to be considered as Leverage, supporting documentation must:**
 - **Document the commitment; and**
 - **Be in writing; and**
 - **Specify a per-unit dollar amount, or its equivalent monetary value, for the proposed number of beneficiaries e.g. \$400 per proposed beneficiary for a total of \$1,200 (based on three proposed beneficiaries).**
- In the case of a governmental entity, leverage must be accompanied by an authorizing resolution from the governing body.
- Redevelopment agencies (RDA) and counties providing resources to a city-sponsored activity shall be considered "local government".

APPLICATION INSTRUCTIONS AND FORMS

- A combined jurisdiction/RDA resolution **will not** be accepted as documenting local redevelopment leverage commitment. A separate RDA resolution must be included.

Monetary Leverage:

- Provide the required documentation, as noted above.

Non-Monetary Leverage:

- For non-monetary commitments from a local government, such as a relief of regulatory requirements, fee waivers or highway users taxes (gas taxes), the Department will rate each jurisdiction in comparison with its competitors for the same activity, to the extent to which they contribute to the project's objectives.
- For other non-monetary commitments, such as in-kind contributions, indicate the value (in dollars) of the contribution.

ALL ANTICIPATED FUNDING COMMITMENTS MUST INCLUDE DOCUMENTATION CLEARLY INDICATING THE SOURCE AND AMOUNT OF CONTRIBUTIONS.

>>See Appendix G for additional information<<

APPLICATION TABLE OF CONTENTS - FORMS

Application submitted by: _____ (jurisdiction)

☐ General Allocation Application or ☐ Native American Application

**Click on the box, drop-down menu or text box to enter information.*

APPLICATION FORMS	Required or "Select"	Documentation located on Page(s)
Application Summary	Required	
Joint Powers Agreement/MOU (if applicable)	Select	
State Objectives	Select	
Section 504 Self Evaluation	Select	
THRESHOLD DOCUMENTATION		
Threshold Requirement Forms	Required	
Debarment Eligibility	Select	
Holdout Status	Select	
Housing Element Compliance as of June 25, 2010 (application submittal deadline)	Select	
Growth Control Information	Select	
Statement of Assurances	Required	
Compliance with OMB Circular A-133	Required	
Citizen Participation Documentation	Required	
Original Resolution(s) of the Governing Body	Required	
NEPA Forms For General Administration (only):		
➤ HUD Environmental Finding Form	Required	
➤ HUD Environmental Form for Statutes and Regulations at 24 CFR Part 58.6	Required	
GRANT ADMINISTRATIVE CAPACITY		
Previous CDBG Grant(s)	Select	
Proposed Grant Administrator	Select	
LEVERAGE/SOURCES & USES SUMMARY		
Application Leverage Form	Required	
INDIVIDUAL ACTIVITY		
	Required	
	Required	
	Required	
	Required	
OTHER		
Copy of Resolution(s)	Required	Inner front pocket of "Original" application

APPLICATION TABLE OF CONTENTS - FORMS

NOTE: This Application Table of Contents **must** be submitted with the completed application package. All items listed **must** be submitted in the order listed. Enter the page number(s) for each item that is included in the application. **Incomplete applications may not meet threshold review requirements. You can add additional rows to any form in the application if you need more space.**

THRESHOLD REQUIREMENTS - Forms

The Department will review each application to determine whether the application meets all of the eligibility threshold criteria. Applications that meet all of the threshold criteria will be eligible to be rated and ranked.

***Click on the box or text box to enter information.**

	Yes	No	
A.	<input type="checkbox"/>	<input type="checkbox"/>	<u>Debarment</u> Is the applicant jurisdiction on the Federal Excluded Parties List (www.epls.gov)? ➤ If Yes, the applicant is <u>not eligible</u> to receive federal funding. ➤ No. The applicant has included a copy of the search on page(s): _____
B.	<input type="checkbox"/>	<input type="checkbox"/>	<u>Holdout Status</u> Has the applicant received a written Holdout Letter from the Department? ➤ If No, skip to the next section ➤ If Yes, answer the following question: <input type="checkbox"/> <input type="checkbox"/> Has applicant received a written Holdout <u>Waiver</u> Letter from the Department? Date of Letter: _____ Copy included on page(s): _____ ➤ If Waiver Letter has NOT been received, the applicant is <u>not eligible</u> to submit an application.
C.	<input type="checkbox"/>	<input type="checkbox"/>	<u>Housing Element Compliance</u> Does applicant have a Housing Element in compliance with CDBG requirements as of the application submittal deadline? If No, then the applicant is <u>not eligible</u> to receive funding. The Department will verify CDBG compliance with HPD as of June 25, 2010.
D.	<input type="checkbox"/>	<input type="checkbox"/>	<u>Growth Control</u> Has the applicant jurisdiction enacted limitations on residential construction, which includes limitations other than establishing agricultural preserves, or limitations imposed by another agency, or limitations not based on a health and safety need? ➤ If No, skip to next section. <input type="checkbox"/> <input type="checkbox"/> If yes, do these limitations meet any of the exceptions found in State CDBG Program Regulations, Section 7056(b)(2)(B)? ➤ If "Yes" to the exceptions, the applicant has included a copy of the limitation with this application on page(s): _____ ➤ If "No" to the exception, the applicant jurisdiction is <u>not eligible</u> to receive federal funding.
E.	<input type="checkbox"/>	<input type="checkbox"/>	<u>Statement of Assurances</u> Applicant has included the correct version (revised 2010) of the Statement of Assurances, signed by the Chief Executive Officer of the applicant jurisdiction.
F.	<input type="checkbox"/>	<input type="checkbox"/>	<u>Compliance with OMB Circular A-133</u> Applicant has included a signed OMB Certification.

THRESHOLD REQUIREMENTS - Forms

	Yes	No	
G.	<input type="checkbox"/>	<input type="checkbox"/>	<p><u>Citizen Participation</u> Applicant has met all the Public Hearings/Citizen Participation requirements, such as:</p> <ul style="list-style-type: none"> • Public notices published in a local newspaper announcing the public hearings and containing the required information, as stated in the CDBG Grant Management Manual. • At least one public hearing was held during the program design phase of the application. <ul style="list-style-type: none"> ➤ Design Hearing was <u>published/posted</u> on _____ ; and <ul style="list-style-type: none"> ○ documentation is included on page(s): _____ ➤ Design Hearing was <u>held</u> on _____ ; and <ul style="list-style-type: none"> ○ documentation is included on page(s): _____ • At least one public hearing was held to approve submittal of the application <ul style="list-style-type: none"> ➤ Application Submittal Hearing was <u>published/posted</u> on _____ ; and <ul style="list-style-type: none"> ○ documentation is included on page(s): _____ ➤ Application Submittal Hearing was <u>held</u> on _____ ; and <ul style="list-style-type: none"> ○ documentation is included on page(s): _____ • Sign-in sheets and all documentation are in the public information file and available for review and monitoring; <u>and</u> • Written comments received during the public hearing process are included with the application along with any responses on page(s): _____
H.	<input type="checkbox"/>	<input type="checkbox"/>	<p><u>Resolution(s) of the Governing Body</u> Applicant has included a Resolution (sample in Appendix I) that:</p> <ul style="list-style-type: none"> • is an original or an original certified copy; <u>and</u> • authorizes submission of the application; <u>and</u> • approves the application's contents (funding requested, activities, committed leverage, etc.); <u>and</u> • authorizes the execution of a grant agreement, and any amendments thereto, if funded; <u>and</u> • designates a person (by title) authorized to enter into an agreement, if funded; <u>and</u> • designates persons (by titles) authorized to sign all reports, Funds Requests and other program-supporting documentation.

THRESHOLD REQUIREMENTS - Forms

	Yes	No	
I.	<input type="checkbox"/>	<input type="checkbox"/>	<u>NEPA Environmental Review for General Administrative Activities</u> Applicant has included the Environmental Review documents for general grant <u>administrative</u> activities, consisting of an Environmental Finding Form and a HUD Environmental Form for Statutes and Regulations at 24 CFR Part 58.6.

After the application due date, the Department will not consider unsolicited information from an applicant. However, the Department may contact an applicant to clarify an item in the application. Applicants should note that the Department will not seek clarification of items or responses that improve the substantive quality of the applicant's response to any eligibility or selection criterion.

I certify on behalf of _____ (name of entity) that the Threshold information provided is true and accurate.

(Printed/Typed Name)

(Title)

(Signature)

(blue ink)

(Date signed)

THRESHOLD REQUIREMENTS - Forms

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APPLICATION SUMMARY - Forms

A. State Community Development Block Grant Program Allocation



- ☐ General Allocation 2010 - 2011
or
☐ Native American Allocation 2008 – 2011

If applying for both, separate applications are required.

B. Application Information

Jurisdiction Name: _____

DUNS #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Is this application being submitted on behalf of more than one jurisdiction?

- ☐ **NO**
☐ **YES** Complete the following. (Please note that the implementation of a Joint Powers Agreement or Memorandum of Understanding between the applicants is required.)

Second Jurisdiction's Name: _____

Address: _____

JPA or MOU on Page _____

City: _____ State: _____ Zip Code: _____

C. Authorized Representative Information (per the Resolution)

Name: _____ Title: _____

Phone: _____ Ext: _____ FAX: _____

E-mail: _____

☐ Check here if address information is the same as above; if not, fill in information below.

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____



Date: _____

APPLICATION SUMMARY - Forms

D. Applicant Contact Information (if different from above)

☐ Check here if address information is the same as above; if not, fill in information below.

Name: _____ Title: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____ FAX: _____

E. Legislative Representative Information

	District #	First Name	Last Name
Assembly	_____	_____	_____
Senate	_____	_____	_____
Congress	_____	_____	_____

	District #	First Name	Last Name
Assembly	_____	_____	_____
Senate	_____	_____	_____
Congress	_____	_____	_____

F. Target Populations- Primary Purpose(s) of each proposed Activity

On the next page (Requested Funding for All Proposed Activities), in the noted column, enter the **primary** number(s) that correspond to the target population(s) that each activity will specifically address. For example, a homeless shelter will most likely serve many target populations shown, but the **primary** target population will be the homeless.

- | | | |
|------------------------|-----------------------|----------------------------------|
| 1. Physically Disabled | 7. Families | 13. Victims of Domestic Violence |
| 2. Persons with AIDS | 8. Farmworkers | 14. Dually-Diagnosed |
| 3. Youths | 9. Seniors | 15. Prevent Homelessness |
| 4. Single Adults | 10. Mentally Ill | 16. Help the homeless |
| 5. Single Men | 11. Veterans | 17. Help those with HIV/AIDS |
| 6. Single Women | 12. Substance Abusers | 18. Other |

APPLICATION SUMMARY - Forms

G. Requested Funding for All Proposed Activities

Note: See instructions for funding limitations.

Activity	Amount Requested	Activity Administrator	Target Populations	Result of PTA grant/Phase of previously funded activity?
GENERAL ADMINISTRATION				
(Maximum of 7.5% of total funding requested)	\$ _____	<input type="checkbox"/> Applicant Staff <input type="checkbox"/> Other <input type="checkbox"/> Combination		
Activity # 1: _____				
Activity Amount	\$ _____	<input type="checkbox"/> Applicant Staff <input type="checkbox"/> Other <input type="checkbox"/> Combination	Target I.D. #: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Grant # _____
Activity Delivery	\$ _____		Proposed # of Beneficiaries: _____	
Activity TOTAL	\$ _____			
Activity # 2: _____				
Activity Amount	\$ _____	<input type="checkbox"/> Applicant Staff <input type="checkbox"/> Other <input type="checkbox"/> Combination	Target I.D. #: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Grant # _____
Activity Delivery	\$ _____		Proposed # of Beneficiaries: _____	
Activity TOTAL	\$ _____			
Activity # 3: _____				
Activity Amount	\$ _____	<input type="checkbox"/> Applicant Staff <input type="checkbox"/> Other <input type="checkbox"/> Combination	Target I.D. #: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Grant # _____
Activity Delivery	\$ _____		Proposed # of Beneficiaries: _____	
Activity TOTAL	\$ _____			
10% Set-Aside Activity: _____				
Activity Amount	\$ _____	<input type="checkbox"/> Applicant Staff <input type="checkbox"/> Other <input type="checkbox"/> Combination	Target I.D. #: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Grant # _____
Activity Delivery	\$ _____		Proposed # of Beneficiaries: _____	
Activity TOTAL	\$ _____			
\$ _____		◀ TOTAL Funding Requested		

APPLICATION SUMMARY - Forms

H. State Objectives:

If you are claiming state objective points for activities within this application, select which objective(s) and indicate for which activity and where supporting documentation can be found.

Note: *The Capacity Building objective is not activity-specific and can only be claimed once per application.*

Although only a maximum of 50 points will be awarded per application, select all objectives that are applicable to this application.

>>See Appendix F for additional information on State Objectives<<

State Objective Claimed:	For Activity(ies):	Application Page #
1. SELECT	<u> </u>	<u> </u>
2. SELECT	<u> </u>	<u> </u>
3. SELECT	<u> </u>	<u> </u>
4. SELECT	<u> </u>	<u> </u>

I. Section 504 Self-Evaluation:

HUD requires jurisdictions to have documented their compliance with Section 504. Applicants must attach a Section 504 Self-Certification form with their Application Package. It is important to note that the form itself does not constitute the jurisdiction's efforts to meet Section 504. The jurisdiction should have performed an analysis and evaluation of each factor and prepared a Section 504 Plan. The self-certification form is used to certify that the jurisdiction has performed this analysis and evaluation and to record areas of compliance or problems.

>>See the CDBG Grant Management Manual for additional information<<

SECTION 504 SELF-EVALUATION - Forms

SECTION 504 SELF-EVALUATION

Applicant: _____

AREAS DISCUSSED	PROBLEMS	MODIFICATIONS MADE
<u>COMMUNICATIONS: Program Publicity</u> Public Notices and ads in newspaper? Public Service Announcements? yes / no Posters or fliers? yes / no Letters to homeowners in area? yes / no Informational public meetings? yes / no Interpreters, readers, or TDD's available upon request? yes / no Equal Opportunity statement in ads, fliers, letters? yes / no		
<u>EMPLOYMENT:</u> Does the City make reasonable accommodation to known physical or mental limitations of qualified applicants or employees with handicaps? yes / no Pre-employment inquiries and tests do Not screen out handicapped persons?		
<u>PROGRAM ACCESSIBILITY:</u> Are City/County facilities accessible to and usable by individuals with handicaps (for example: ramps, space at meetings)? yes / no Handicap modifications offered in rehabilitation program? yes / no Handicapped individuals with limited mobility assisted with applications at their homes? yes / no		
<u>ENFORCEMENT - Evaluate how policies meet 504 requirements:</u> Statement of Assurances in grant applications? yes / no Non-discrimination clause in deed of trust? yes / no Names of Advisors on Handicapped is-s: _____		

Name and signature of Section 504 Coordinator: _____ Date Signed: _____

RESIDENTIAL RELOCATION PLAN - Forms

J. Residential Anti-Displacement and Relocation Assistance Plan Checklist (*Required for All Applicants*)

1. Does the proposed activity include acquisition of real property?

_____ No. (If no, go to #3 below)

_____ Yes. If yes, check the appropriate box below and answer question 2 and 3.

_____ Site Control under option to purchase.

_____ Site is identified but no negotiations have taken place.

_____ Site not identified (Stop here and go to next Section)

2. Will site acquisition require use of eminent domain?

_____ Yes. (see note) _____ No.

Note: CDBG funds cannot be used with eminent domain. Site acquisition under this circumstance may not be eligible.

3. Will the activity involve acquisition or rehabilitation of site with structures and are structures currently occupied?

_____ Yes. The applicant must provide documentation showing that persons in the project have received a General Information Notice and provide a copy of a project-specific relocation plan, which was made public. The plan must address how many persons will be displaced and services and benefits made available.

_____ No. The applicant must provide documentation of why no person will be displaced (i.e., property being acquired has no structures on it, or structures on the property have been vacant for over 120 days).

4. Will this project cause the elimination of affordable housing units and trigger Section 104(d) replacement requirements?

_____ Yes. Successful applicants must provide a plan to CDBG staff for replacing all affordable housing units eliminated as a special condition of the contract.

_____ No.

STATEMENT OF ASSURANCES (2010) - Forms

By checking the boxes, the certifier assures the statements are true.

The City/County of _____ hereby assures and certifies that:

- ☐ 1. Legal Authority
It possesses legal authority to apply for the grant and to execute the proposed program.
- ☐ 2. Application Authorization
Its governing body has duly adopted or passed as an official act or resolution, motion, or similar action authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the applicant's chief executive officer or other designee to act in connection with the application and to provide such additional information as may be required.
- ☐ 3. Citizen Participation
It has or will comply with all citizen participation requirements, which include, at a minimum, the following components:
- a. Provides for and encourages citizen participation, with particular emphasis on participation by persons of low and moderate income who are residents of slum and blight areas and of areas in which CDBG funds are proposed to be used, and provides for participation of residents in low- and moderate-income neighborhoods as defined by the local jurisdiction; and
 - b. Provides citizens with reasonable and timely access to local meetings, information, and records relating to the grantee's proposed use of funds, as required by CDBG regulations, and relating to the actual use of funds under this title; and
 - c. Provides for technical assistance to groups representative of persons of low and moderate income that request such assistance in developing proposals with the level and type of assistance to be determined by the grantee; and
 - d. Provides for public hearings to obtain citizen views and to respond to proposals and questions at all stages of the community development program. These include at least the development of needs, the review of proposed activities, and review of program performance, which hearings shall be held after adequate notice, at times and locations convenient to potential or actual beneficiaries and with accommodation for the handicapped. This shall include one public meeting during the program design, annual performance report preparation, and formal amendments. A public hearing shall be conducted prior to application submittal; and
 - e. Solicits and provides for a timely written answer to written complaints and grievances, within 15 working days where practicable; and

STATEMENT OF ASSURANCES (2010) - Forms

- f. Identifies how the needs of non-English speaking residents will be met in the case of public hearings where a significant number of non-English speaking residents can reasonably be expected to participate.

☐ 4. National Objective

The CDBG Program has been developed so as to primarily benefit targeted income persons and households, and each activity in the program meets one of the three national objectives: benefit to low- and moderate-income persons, elimination of slums and blight, or meets an urgent community need certified by the grantee as such.

☐ 5. NEPA Environmental Review

Consents to assume the responsibilities for environmental review and decision-making in order to ensure compliance with NEPA by following the procedures for recipients of block grant funds as set forth in 24 CFR, Part 58, titled "Environmental Review Procedures for Title I Community Development Block Grant Programs." Also included in this requirement is compliance with Executive Order 11988 relating to the evaluation of flood hazards, and Section 102(a) of the Flood Disaster Protection Act of 1973 (Public Law 93-234) regarding purchase of flood insurance, and the National Historic Preservation Act of 1966 (16 USC 470) and implementing regulations (36 CFR 800.8).

☐ 6. CEQA

Consents to assume the role of either Lead Agency as defined by Section 21067 of the California Public Resources Code, or if another public agency is or will be designated Lead Agency, it consents to assume the role of Responsible Agency as defined by Section 21069 of the California Public Resources Code, in order to ensure compliance with CEQA.

☐ 7. Audit/Performance Findings

Has resolved any audit findings or performance problems for prior CDBG grants awarded by the State.

☐ 8. Growth Control

Certifies that there is no plan, ordinance, or other measure in effect which directly limits, by number, the building permits that may be issued for residential construction or the buildable lots which may be developed for residential purposes; or if such a plan, ordinance, or measure is in effect, it will either be rescinded before receiving funds, or it need not be rescinded because it:

- a. Imposes a moratorium on residential construction, to protect the health and safety, for a specified period of time which will end when the public health and safety is no longer jeopardized; or
- b. Creates agricultural preserves under Chapter 7 (commencing with Section 51200) of Part 2 of Division 1 of Title 5 of the Government Code; or
- c. Was adopted pursuant to a specific requirement of a State or multi-State board, agency, department, or commission; or

STATEMENT OF ASSURANCES (2010) - Forms

- d. The applicant has an adopted housing element which the Department has found to be in compliance, unless a final order has been used by a court in which the court determined that it is not in compliance with Article 10.6 of Chapter 3 of Division 1 of Title 7 of the Government Code; or
- e. The use of the funds applied for in this application is restricted for housing for the targeted income group.

☐ 9. Uniform Administrative Requirements

Will comply with the regulations, policies, guidelines, and requirements of OMB Circular Numbers A-87, A-133, A-122, and 24 CFR Part 85, where appropriate, and the State CDBG regulations.

☐ 10. Nondiscrimination

Shall comply with the following regarding nondiscrimination:

- a. Title VI of the Civil Rights Act of 1964 (Public Law 88-352).
- b. Title VIII of the Civil Rights Act of 1968 (Public Law 90-284) as amended; and will administer all programs and activities related to housing and community development in a manner affirmatively furthering fair housing.
- c. Section 109 of the Housing and Community Development Act of 1974, as amended.
- d. Section 3 of the Housing and Urban Development Act of 1968, as amended.
- e. Executive Order 11246, as amended by Executive Orders 11375 and 12086.
- f. Executive Order 11063, as amended by Executive Order 12259.
- g. Section 504 of the Rehabilitation Act of 1973 (Public Law 93-112), as amended, and implementing regulations.
- h. The Age Discrimination Act of 1975 (Public Law 94-135).
- i. The prospective contractor's signature affixed hereon and dated shall constitute a certification under the penalty of perjury under the laws of the State of California that the bidder has, unless exempted, complied with the nondiscrimination program requirements of Government Code Section 12990 and Title 2, California Code of Regulations, Section 8103.

☐ 11. Anti-Displacement/Relocation

Will comply with the Federal Relocation Act (42 U.S.C. 4601 et seq.) and certifies that it will follow the state's residential anti-displacement and relocation plan located in Appendix L of the State's 2005-2010 Consolidated Plan. The Plan can be found at: <http://www.hcd.ca.gov/hpd/hrc/rep/fed/conplan05-10final.pdf>.

STATEMENT OF ASSURANCES (2010) - Forms

- ☐ 12. Labor Standards
Will comply with the following regarding labor standards:
- a. Section 110 of the Housing and Community Development Act of 1974, as amended.
 - b. Section 1720 et seq. of the California Labor Code regarding public works labor standards.
 - c. Davis-Bacon Act as amended (40 USC. 276a) regarding prevailing wage rates.
 - d. Contract Work Hours and Safety Standards Act (40 USC 3702) regarding overtime compensation.
 - e. Anti-Kickback Act of 1934 (41 USC 51-58) prohibiting "kickbacks" of wages in federally assisted construction activities.
- ☐ 13. Architectural Barriers
Will comply with the Architectural Barriers Act of 1968 (42 USC 4151-4157) and implementing regulations (24 CFR Part 40-41).
- ☐ 14. Conflict of Interest
Will enforce standards for conflicts of interest which govern the performance of their officers, employees, or agents engaged in the award and administration, in whole or in part, of State CDBG grant funds (Section 7126 of the State regulations).
- ☐ 15. Limitations on Political Activities
Will comply with the Hatch Act (5 USC 1501 et seq.) regarding political activity of employees.
- ☐ 16. Lead-Base Paint
Will comply with the Lead-Based Paint Regulations (24 CFR Part 35) which prohibits the use of lead-based paint on projects funded by the program.
- ☐ 17. Debarred Contractors
The applicant or its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in federal assistance programs, in any proposal submitted in connection with the CDBG program, per the Excluded Party List System (www.epls.gov). In addition, the applicant will not award contracts to or otherwise engage the services of any contractor while that contractor (or its principals) is debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation from the covered transaction, in any proposal submitted in connection with the CDBG program under the provisions of 24 CFR part 24.

STATEMENT OF ASSURANCES (2010) - Forms

- ☐ 18. Inspection of Grant Activities
Will give HUD, the Comptroller General, the State Department of Housing and Community Development, or any of their authorized representatives access to and the right to examine all records, books, papers, or documents related to the grant.
- ☐ 19. Cost Recovery
Will not attempt to recover any capital costs of public improvements assisted in whole or in part with CDBG funds by assessing properties owned and occupied by targeted income persons unless:
- a. CDBG funds are used to pay the proportion of such assessment that relates to non-CDBG funding; or
 - b. For the purposes of assessing properties owned and occupied by targeted income persons who are not of the lowest targeted income group, it does not have sufficient CDBG funds to comply with the provisions of "a" above.
- ☐ 20. Procurement
Will follow the federal procurement policies per 24 CFR Sec. 85.36
- ☐ 21. Excessive Force
Will adopt and enforce policies:
- a. Prohibiting the use of excessive force by its law enforcement agencies against individuals engaged in non-violent civil rights demonstrations; and
 - b. Enforcing applicable State and local law against physically barring entrance to or exit from a facility or location which is the subject of such non-violent civil rights demonstration within its jurisdiction.
- ☐ 22. Compliance with Laws. The jurisdiction will comply with applicable laws.

The Certification is made under penalty of perjury under the laws of the State of California.

NAME OF CERTIFYING OFFICIAL:

_____ (print/type)

CHIEF ADMINISTRATIVE EXECUTIVE:

_____ (enter exact title of person signing)

Signature (blue ink)

Date certified

STATEMENT OF ASSURANCES (2010) - Forms

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OMB CIRCULAR A-133 - Forms

OMB CIRCULAR A-133

Office of Management and Budget (OMB) Circular A-133 is used pursuant to the Single Audit Act of 1984, P.L. 98-502, and the Single Audit Act Amendments of 1996, P.L. 104-156. It sets forth the standards for obtaining consistency and uniformity among Federal agencies for the audit of states, local governments, and non-profit organizations expending Federal awards. Cities and counties not exempted from the requirements of OMB Circular A-133 must submit their audits to the State Controller. Non-profit organizations not exempted must submit their audits to the California Department of Housing and Community Development.

Pursuant to the requirements of OMB Circular A-133, please check the appropriate statement and certify at the bottom of the page:

☐ The _____ (name of entity) has expended more than \$500,000 in Federal funds in fiscal year 2008/2009 and is required to conduct a single audit or program specific audit for this year in accordance with the provisions of OMB Circular A-133:

☐ The audit has been completed and has been submitted to the appropriate control agency. (Proof of submittal must be submitted with this form and the application. Failure to do so may result in denial of CDBG funds.)

☐ The audit has not been completed. It is anticipated that the audit will be completed and submitted to the appropriate control agency by: _____ (date). (Upon completion of audit, proof of submittal must be submitted to CDBG in order to be eligible to access CDBG funding, if awarded.)

☐ The _____ (name of entity) has expended less than \$500,000 in federal funds in fiscal year 2008/2009 and is exempt from the requirements of OMB Circular A-133. Non-Federal entities that expend less than \$500,000 a year in Federal awards are exempt from Federal audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal agency, pass-through entity, and the General Accounting Office. (Submit proof of this statement, such as proof of sending the exemption letter to SCO, with this form and the application)

I certify on behalf of _____ (name of entity) that the above is a true and accurate statement.

(Printed/Typed Name)

(Title)

(Signature) (blue ink)

(Date signed)

**HUD ENVIRONMENTAL FORM FOR STATUTES AND REGULATIONS AT
24 CFR 58.6 - Forms**



U.S. Department of Housing and Urban Development
Pacific/Hawaii Office
450 Golden Gate Avenue
San Francisco, California 94102-3448

CDBG Grantee: _____

The environmental level of review for:

GENERAL ADMINISTRATIVE ACTIVITY is:

☒ Exempt (24 CFR Part 58.34)

(Print or type name)

(Print or type title)

Certifying Officer Signature

Date Certified

HUD ENVIRONMENTAL FORM FOR STATUTES AND REGULATIONS AT 24 CFR 58.6 - Forms



U.S. Department of Housing and Urban Development
Pacific/Hawaii Office
450 Golden Gate Avenue
San Francisco, California 94102-3448

ACTIVITY DESCRIPTION: GENERAL ADMINISTRATIVE ACTIVITIES

Level of Environmental Review Determination (per EFF): Exempt

(Exempt per 24 CFR 58.34, Categorically excluded not subject to statutes per § 58.35(b), Categorically excluded subject to statutes per § 58.35(a), Environmental Assessment per § 58.36, or EIS per 40 CFR 1500)

STATUTES and REGULATIONS listed at 24 CFR 58.6

FLOOD DISASTER PROTECTION ACT

1. Does the project involve acquisition, construction or rehabilitation of structures located in a FEMA identified Special Flood Hazard?
☐ No Cite Source Document: Exempt General Admin Activities will not impact 100 year flood zones. (This factor is completed; go to next factor).
☐ Yes Source Document: _____
2. Is the community participating in the National Insurance Program (or has less than one year passed since FEMA notification of Special Flood Hazards)?
☐ Yes Flood Insurance under the National Flood Insurance Program must be obtained and maintained for the economic life of the project, in the amount of the total project cost. A copy of the flood insurance policy declaration must be kept on file.
☐ No Federal assistance may not be used in the Special Flood Hazards Area.

COASTAL BARRIERS RESOURCES ACT

1. Is the project located in a coastal barrier resource area?
☐ No Cite Source Documentation: There are no Coastal Barrier Resources on West Coast of United States. (This factor is completed; go to next factor).
☐ Yes Federal assistance may not be used in such an area.

AIRPORT RUNWAY CLEAR ZONES AND CLEAR ZONES DISCLOSURES

1. Does the project involve the sale or acquisition of existing property within a Civil Airport's Runway Clear Zone or a Military Installation's Clear Zone?
☐ No Activity does not involve acquisition or sale of property. Project complies with 24 CFR 51.303(a)(3). **(This factor is completed)**
☐ Yes **Disclosure statement must be provided** to buyer and a copy of the signed disclosure must be maintained in this Environmental Review Record.

Preparer Signature

Print Name

Date Certified

Certifying Officer Signature

Print Name

Date Certified

GRANT ADMINISTRATIVE CAPACITY - Forms

A. Did the applicant have any CDBG General, Native American, or Colonias grants experience for the years 2006, 2007, 2008, or 2009? **(Do not include PTA grants)**

☐ **Yes.** Identify which CDBG Allocation(s) and the applicable funding year(s).

☐ **General** Allocation. Funding Year(s): _____

Grant #'s: _____

☐ **Colonias** Allocation. Funding Year(s): _____

Grant #'s: _____

☐ **Native American** Allocation. Funding Year(s): _____

Grant #'s: _____

☐ **No.** Have not had any CDBG grants in 2006-2009.

B. If funded from this application, how will this grant be administered? Who will carry out the grant's General Administrative activities?

☐ In-house staff only. (***Attach resumes and duty statements of staff that will be performing the work.***)

☐ Supporting documentation on page(s): _____

☐ Subrecipient Agreement:

☐ Draft ☐ Executed. Term of the Agreement: _____

☐ Other: _____

☐ Supporting documentation on page(s): _____

☐ Procured administrator(s) per 24 CFR 85.36 and the GMM Chapter 8.

☐ Per Small Purchase Authority

☐ By Competitive Proposal

☐ By Non-Competitive/Sole-Source

• Department approval documentation, pages: _____

☐ Term of the agreement: _____

☐ Supporting documentation on page(s): _____

☐ Some combination of the above. Describe: _____

☐ Supporting documentation on page(s): _____

NOTE: Full points under this section will be awarded only for answering both questions and including supporting documentation, as noted in the NOFA and in Application instructions.

APPLICATION FUNDNG SOURCES/USES/PROGRAM INCOME/LEVERAGE - Forms

ALL ACTIVITIES – ALL FUNDING SOURCES

USES	SOURCES						
ACTIVITY (Separate Act. Delivery and General Admin)	STATE OR FEDERAL				LEVERAGE		
	State CDBG	Program Income Available: _____ (all uncommitted RLA funds) Program Income Committed:	Other State Funds	Federal Funds	Local Funds	Private	Totals:
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Totals:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

HOUSING REHABILITATION INSTRUCTIONS

Each activity section begins with an activity-specific Table of Contents, which:

- Must be completed and submitted as the first page of the activity-specific forms and documentation.
- Provides the order in which each activity section must be organized and submitted.
- Provides a checklist to ensure that all required activity-specific documentation is included in the application.

>>Refer to NOFA for additional information on eligible and ineligible activities and needs scoring<<

Failure to complete all sections may cause that section not to be reviewed.

A. ACTIVITY INFORMATION:

1. How much is being requested for this activity?

Indicate the total dollar amount that is being requested for this specific activity. Then break out the amount that will be used for the actual Activity and that which will be used for Activity Delivery.

Total Requested for this Activity = (Activity \$\$) + (Activity Delivery \$\$)

2. What type of Housing Rehabilitation Activity is being proposed?

Check the type of activity that is being proposed. For more in-depth descriptions of eligible activities, please refer to the information provided by HUD at:

<http://www.hud.gov/offices/cpd/communitydevelopment/library/stateguide/ch2.pdf>

- Applicants that are proposing both a single-family housing rehabilitation program and a multi-family housing rehabilitation project **must** separate the requested dollar amounts for each type of activity and use a separate set of forms for each. Please note that funds may **not** be moved between these two different activities unless the Department approves a formal contract amendment.
- Is this activity a component of a housing combination (Housing Combo) program? Rehab Projects cannot be part of the Housing Combo Program. Refer to the NOFA for more information.

3. If applying for a project, indicate the proposed location.

4. Description of activity:

Provide a brief narrative description of the proposed activity. The narrative should include specific information on who, what, when, where and how. Priority for rehabilitation should be based on the urgent need of health and safety repairs.

HOUSING REHABILITATION INSTRUCTIONS

If more than one program/project is being proposed, submit a separate set of Activity Forms for each program/project.

5. Who will carry out this activity?

For this specific activity, who will be in charge of administering the program/project? If it will be a combination, check all appropriate boxes and list the name(s), as indicated.

6. What are the Milestones associated with this activity (projects only)?

Indicate significant milestone accomplishments and the proposed date of completion. If awarded, these will become the contract expenditure milestones.

B. BENEFIT:

1. Service Area – Programs Only:

Is the proposed Program going to be a Jurisdiction-wide Program, or will the Program be limited to a Targeted Area benefit?

If this activity is part of the Housing Combo Program, then both activities in the Combo must have the same service area.

Housing Rehabilitation Programs are income-restricted and receive automatic 300 benefit points. Depending on local indicators and census data, applicants may strengthen their application by proposing an activity in a target area that has higher poverty and need indicators; however, for Housing Rehabilitation Program, the TIG benefit must always be 100 percent and will not increase or decrease with a Target Area.

All Applicants:

- List the Census Tract(s) and Block Group(s) for the proposed area.
- If proposing activities in a target area, a local survey of the target area is acceptable if the data is more recent than the housing element data, is less than five years old, and is supported by documentation.
- A map must be provided showing the exact Census Tract(s) and/or Block Group(s) being served.

2. Beneficiaries:

For Programs: All Housing Rehabilitation Program Activities must only benefit 100 percent TIG households. Of the proposed number of units to be assisted, indicate the number of owner- or renter-occupied units broken down by TIG, LTIG and Extremely LTIG.

For Projects: Common improvements such as roofs and exterior painting can be pro-rated based on percentage of TIG units being served. Under the following limited circumstances, structures with less than 51

HOUSING REHABILITATION INSTRUCTIONS

percent TIG occupants may be assisted if:

- Assistance is for an eligible activity that reduces the development cost of new construction of non-elderly, multi-family rental housing projects; **and**
- At least 20 percent of the units will be occupied by TIG households at an affordable rent; **and**
- The proportion of cost borne by CDBG funds is no greater than the proportion to be occupied by TIG households.

Of the proposed number of units to be assisted, indicate the number of owner- or renter-occupied units broken down by TIG, LTIG and Extremely LTIG.

3. **Loans vs. Grants:**

Indicate the proposed number of loans and the proposed number of grants the jurisdiction anticipates for this activity.

C. **NEED FOR ACTIVITY:**

1. **Housing Stock Conditions:**

For Programs: The information for this section will come from either the applicant's Housing Element or from a more recent Housing Stock Condition Survey. Indicate which source was used.

If the applicant is proposing a housing rehabilitation program in a target area, exterior housing condition survey data may be used to show the percentage of units in **need** of rehabilitation (including dilapidated) in place of the community-wide data stated in the jurisdiction's Housing Element.

The survey **must** be completed using the methodology contained in Chapter 16 of the CDBG Grant Management Manual (GMM) beginning on page 16-26. The survey results **must** be included as supporting documentation. The link to this section is:

<http://www.hcd.ca.gov/fa/cdbg/manual/Chapter16HousingRehabilitation.doc>

The survey data must be more recent than the data in the housing element and if the survey is jurisdiction-wide, the data must be amended into the next update of the housing element.

For Projects: For proposed **multi-family housing projects**, document the rehabilitation need in the specific project to show the current condition of the housing.

2. **Age of Housing Stock:**

This table will indicate the total percentage of the jurisdiction's housing stock that was built pre-1970. The total includes owner-occupied units **and** renter-occupied units. The information in this table is based on the 2000 Census Summary File 3, Table DP-4. Each Target Area will require a

HOUSING REHABILITATION INSTRUCTIONS

Census Table that includes only the applicable census track(s)/block group(s). Proposed multi-family housing projects must use jurisdiction-wide data. The most current survey available must be used.

3. **Overcrowding:**

The Census Table defines an overcrowded housing units as one occupied by 1.01 persons or more per room (excluding bathrooms and kitchens). Applicants must use 2000 Census Table data for this number. The total includes owner-occupied units **and** renter-occupied units. The information in this table is based on the 2000 Census Summary File 3, Table DP-4. Each Target Area will require a separate set of Census Tables that include only the applicable census track(s)/block group(s). Proposed multi-family housing projects must use jurisdiction-wide data.

Failure to provide documentation to support these need indicators with the application may result in no points being awarded in this section.

4. **Supplemental Information:**

This section is used to provide information being rebutted and/or not captured in the 2000 Census Table with regards to the community's worsened condition of housing and/or worsened overcrowding needs. The worsened condition must be **specific and unique to your jurisdiction**.

For example, if the Census Table data for Overcrowding does not accurately depict the community's need in those categories, please attach third-party documentation, if available, showing the community's worsened needs in either of these two categories and indicate the page numbers where the documentation can be found. Such supplemental information shall not be older than five years from this year's application filing date and must be specific to the community.

D. **READINESS:**

An applicant can demonstrate an increased level of capacity by completing and documenting actions that make the proposed project or program more ready to proceed. Readiness must be directly related to a specific activity and may include the completion of the grant special conditions, including completion of environmental review requirements, securing site control, obtaining documented commitments from funding sources, a properly procured program operator, or any other documentation that would support that the applicant is ready to proceed with the program or project.

1. **Activity Administrator:**

How will this activity be administered? (*Check all that apply.*)

- In-house:
 - Include supporting documentation to show grantee staff experience.

HOUSING REHABILITATION INSTRUCTIONS

- **Note:** Full points under this criteria will be awarded only for inclusion of both resumes and duty statements that demonstrate capability or experience to administer CDBG funds.
- **Subrecipient:**
 - Provide a draft or executed subrecipient agreement.
- **Procured:**
 - Descriptions of experience administering CDBG grants.
 - If an administrator has already been procured, specify if procurement procedures were followed, per 24 CFR 85.36 and the CDBG Grant Management Manual Chapter 8.
 - Indicate the procurement method used.
- If a combination will be used, describe and provide the documentation used as noted above.

2. **Environmental Review:**

Check the appropriate box(es) for the environmental documents that will be necessary for the activity. Submit the documentation required. Refer to Appendix D and the Grant Management Manual (GMM) Chapter 3 for forms and instructions.

http://www.hcd.ca.gov/fa/cdbg/manual/Chapter_3-Environmental_Review_Requirements.pdf

3. **Site Control:**

Check the appropriate box(es) and submit the documentation required.

Note: Applicants **must not** make a choice-limiting action. Choice-limiting actions include executing a sales or lease agreement for purchase of land (however, an option to purchase or lease is an allowable action) or executing a construction contract **prior** to conducting an objective environmental review and obtaining release of CDBG funds for a proposed activity.

4. **Other Readiness Documentation:**

Check the appropriate box(es), submit the documentation required and write in the page number in the application where the documentation may be found. A list of acceptable readiness items is included in the activity table of contents.

For any additional readiness documentation, add rows to the table of contents and the page where support documentation can be found.

5. **Sources and Uses Chart:**

For each activity, applicants must identify the totality of all resources that are anticipated to be utilized in carrying out a specific activity. On the Funding Sources Chart:

- Under “Uses”, identify cost categories applicable to the proposed activity.

HOUSING REHABILITATION INSTRUCTIONS

- Examples include acquisition, plans and specs, fees, construction and other related costs.
- Fill out the columns to the right of the costs with the anticipated resources, by total dollar amount.
- Include the appropriate resource documentation and note the page(s) on the activity-specific Table of Contents under “Sources and Uses”.

HOUSING REHABILITATION FORMS

HOUSING REHABILITATION TABLE OF CONTENTS

**Click on the box, drop-down menu or text box to enter information.*

ACTIVITY	SELECT	DOCUMENTATION	PAGE(S)
Housing Rehab Forms (all pgs)	Select		
Activity Sources and Uses	Select		
HR Leverage Documentation	Select		
STATE OBJECTIVES			
Claimed in Application Summary Section H	Select		
BENEFIT			
Service Area Documentation	Select		
Beneficiary Documentation	Select		
Other: _____	Select		
NEED			
Housing Condition	Select		
Age of Housing Stock	Select		
Overcrowding	Select		
Supplemental Information	Select		
Additional Supporting Documentation (list): _____	Select		
READINESS			
Activity Administrator	Select	Select	
Environmental Finding Form	Select		
Form 58.6	Select		
RER, <i>excluding Appendix A</i>	Select		
Environmental Assessment	Select		
SHPO Letter	Select		
Ready to Publish Notice	Select		
Ready to sign RROF	Select		
PI Reuse Plan	Select	Select	
Housing Rehab Guidelines	Select	Select	
Temporary Relocation Plan	Select	Select	
Contractor List	Select	Select	
Existing Program Continued	Select		
Program: Potential Clients	Select	Select	
Projects Only: Site Control	Select	Select	
Projects Only: Financing	Select	Select	

HOUSING REHABILITATION FORMS

Projects Only: Plans and Specs	Select	Select	
Bid Package	Select	Select	

HOUSING REHABILITATION FORMS

A. ACTIVITY INFORMATION:

1. How much is being requested for this activity?

\$_____ = \$_____ + \$_____

Total \$\$ Requested for this Activity = Activity \$\$+Activity Delivery \$\$

2. How will the requested CDBG funds be used?

Check **ONLY one** type of Program **OR one** type of Project. If more than one program/project is being proposed, submit a separate set of Activity Forms for each program/project:

a) Programs

☐ Rehab: Single-Unit Residential (14A)

Component of Housing Combo Program? ☐ Yes ☐ No

☐ Rehab: Multi-Unit Residential (14B)

Component of Housing Combo Program? ☐ Yes ☐ No

☐ Energy Efficiency Improvements (*only*) (14F)

☐ Lead-Based Paint/Lead Hazard Testing/Abatement (*only*) (14I)

☐ Residential Historic Preservation Program (16A)

b) Projects

☐ Multi-Family Rehabilitation Project (14B)

☐ Public Housing Modernization (14C)

☐ Rehab of Other Publicly Owned Residential Buildings (14D)

☐ Housing Real Property Acquisition for Rehabilitation (14G)

☐ Residential Historic Project (16A)

☐ Conversion of building(s) to housing units (must stay within the existing footprint)

3. If a Project is being proposed, what is the location of the sites(s) where the activity will occur?

Does the Applicant currently have site control?

☐ Yes

☐ No

4. Description of Activity: (*See instructions.*)

5. Who will be the Activity Administrator? (*Check all that apply.*)

☐ Jurisdiction (Applicant)

☐ Consultant/Contractor (For-Profit entity)

☐ Non-Profit as Subrecipient

☐ CHDO (Community Housing Development Organization)

☐ Another unit of local government

☐ Another public agency

☐ Non-Profits not acting as Subrecipients

☐ Faith-based organization

☐ Institution of higher education

HOUSING REHABILITATION FORMS

Name of all agencies/organizations indicated above:

- a) _____
- b) _____
- c) _____
- d) _____

6. Timeline/Schedule/Milestones (for projects only):

Indicate significant milestone accomplishments and the proposed date of completion. If awarded, these will become the contract expenditure milestones.

Activity Milestones		
	Description of Accomplishment	Proposed Date of Attainment
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

B. BENEFIT:

1. Service area for Programs: *(Check only one.)*

- ☐ Entire Jurisdiction
- ☐ Target Area(s):

All applicants: Identify the Service Area(s) by Census Tract(s) and Block Group(s) in the table below and list the page(s) where the Census Tract/ Block Group Map(s) may be found in this application. Page(s): _____

Census Tract	Census Tract	Census Tract	Census Tract	Census Tract	Census Tract
_____	_____	_____	_____	_____	_____
Block Group(s)	Block Group(s)	Block Group(s)	Block Group(s)	Block Group(s)	Block Group(s)
_____	_____	_____	_____	_____	_____

HOUSING REHABILITATION FORMS

2. Beneficiaries by Income and Tenure:

Housing Rehabilitation **programs** are income restricted and benefit 100 percent TIG. Indicate the number of households that will be assisted by category of TIG and by owner- or renter-occupied units.

OWNER-OCCUPIED units -

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTALS
<i>not eligible</i>				

RENTER-OCCUPIED units -

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTALS
<i>not eligible</i>				

3. Estimated number of: _____ Loans _____ Grants

C. **NEED FOR ACTIVITY:** *Carry out all percents to two decimal points, e.g. 32.68 %.*

1. Housing Stock Conditions:

Complete the required information on the chart that is applicable to the activity from either (*check one*):

- ☐ **Housing Element** Date: _____
☐ **Survey** Date: _____

a) For a **JURISDICTION-WIDE** activity, attach copies of the page(s) from the Housing Element where these percentages are **documented**.
Page(s) _____

b) For a **TARGET-AREA** activity, a Housing Conditions Survey of the Target-Area must be used to document the need. You **must** attach a copy of the survey form used, a narrative of the survey methodology used and a summary of the survey results. Page(s) _____

Enter the percent of housing units that are:	Category	List %	% in Need of Rehab
Sound and not in need of Rehabilitation	Sound	%	N/A
Suitable for Minor Rehabilitation	Minor	%	%
Suitable for Moderate Rehabilitation	Moderate	%	%
Suitable for Major Rehabilitation	Major	%	%

HOUSING REHABILITATION FORMS

Dilapidated. Not suitable for Rehabilitation.	Dilapidated	%	%
	TOTAL:	%	%

2. Age of Housing Stock:

This table will indicate the total percentage of the jurisdictions housing stock that was built pre-1970. Attach the applicable Census Tables. Also, show the calculations on the table as to the percentages.

Enter the percentage of housing stock that was built pre-1970 as shown in the 2000 Census Summary File 3, Table DP-4	Age of Housing Stock	%	Page#
---	-----------------------------	---	--------------

3. Overcrowding:

This table will indicate the total percentage of the jurisdictions housing stock that is overcrowded. Be sure to attach the applicable Overcrowding Census Tables. Also, show the calculations on the table as to the percentages.

Enter the percentage of households that are overcrowded as shown in the 2000 Census Summary File 3, Table DP-4	Overcrowding	%	Page#
--	---------------------	---	--------------

4. Supplemental Information:

This section is used to provide information that rebuts and/or is not captured in the 2000 Census Table with regards to the community's worsened condition of housing and/or worsened overcrowding needs. Provide all information that is requested.

Check if providing supplemental information for:

- ☐ Worsened Condition of Housing Stock
☐ Worsened Housing Overcrowding

a) Describe the worsened condition:

b) Describe how this issue is specific to your community?

c) List:

- Third-party documentation (must be less than 5 years old) that is being submitted to support the worsened condition(s), **AND**
- The time period that the documentation supports as worsened (e.g., earthquake on 1/1/08; fire from 3/13/08-5/17/08, etc.), **AND**
- The page numbers, in this application, where documentation can be found.

HOUSING REHABILITATION FORMS

Note: For lengthy reports/studies, please include the cover page, executive summary and only the pages needed to support worsened conditions. A more current Housing Stock survey cannot be submitted here – it must be submitted under the Housing Stock Condition section.

Description of Documentation:	Date of Doc.	Application Page #
1.		
2.		

D. **READINESS:**

1. **Activity Administrator:**

If funded, how will this activity be administered?

- ☐ In-house Staff Only (Attach resumes and duty statements of staff that will be performing the work.)
- ☐ Subrecipient Agreement:
☐ Draft ☐ Executed ☐ Other: _____
☐ Term of the agreement: _____
- ☐ Procured Administrator(s) (per 24 CFR 85.36 and the GMM Chapter 8):
☐ Per Small Purchase Authority
☐ By Competitive Proposal
☐ By Non-Competitive/Sole-Source
 Include Department approval documentation, pages: _____
☐ Term of the agreement: _____
- ☐ Combination of the above. Describe: _____

2. **Environmental Review (check all applicable):**

- ☐ Environmental Finding Form (EFF)
- ☐ Form 58.6
- ☐ Rehabilitation Environmental Review (RER) excluding Appendix A
- ☐ Environmental Assessment
- ☐ SHPO Letter
- ☐ Ready to Publish Notice
- ☐ Ready to Sign Request for Release of Funds (RROF)

3. **Site Control (Projects only):**

- | | | |
|--------------------------|--------------------------|------------------------|
| Draft | Executed | |
| | <input type="checkbox"/> | City/County owned site |
| <input type="checkbox"/> | <input type="checkbox"/> | Purchase Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Option to Purchase |
| <input type="checkbox"/> | <input type="checkbox"/> | Option to Lease |

HOUSING REHABILITATION FORMS

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Leasehold Interest |
| <input type="checkbox"/> | <input type="checkbox"/> | Deed of Trust |
| <input type="checkbox"/> | <input type="checkbox"/> | Other documentation of Site Control – List _____ |

4. Other Readiness Documentation Provided:

- | | |
|---|--|
| <input type="checkbox"/> Program Income Reuse Plan | <input type="checkbox"/> Contractor List |
| <input type="checkbox"/> Housing Rehab Guidelines | Projects Only: |
| <input type="checkbox"/> Temporary Relocation Plan | <input type="checkbox"/> Project Financing |
| <input type="checkbox"/> Existing Program Continued | <input type="checkbox"/> Project Plans and Specs |
| <input type="checkbox"/> Potential Clients | <input type="checkbox"/> Bid Package |

Note: If the applicant's Program Guidelines have been approved by the Department, provide only the Department's approval letter.

HOUSING REHABILITATION - Forms

HOUSING REHABILITATION – ALL FUNDING SOURCES

USES	SOURCES							
Activity Cost Categories	STATE OR FEDERAL				LEVERAGE			
	State CDBG	Program Income	Other State Funds	Federal Funds	Local Funds	Private	Identify Leverage	Totals:
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
Totals:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____		\$ _____

HOUSING REHABILITATION - Forms

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HOMEOWNERSHIP ASSISTANCE - Instructions

A. ACTIVITY INFORMATION:

Table of Contents:

- Provides the order in which each activity section must be organized and submitted; and
- Provides a checklist to ensure that all required activity-specific documentation is included in the application; and
- Must be completed and submitted as the first page of the activity-specific forms and documentation.

>>Refer to NOFA for additional information on eligible activities and needs scoring<<

1. **How much is being requested for this activity?**

Indicate the total dollar amount that is being requested for this activity. Then break out the amount that will be used for the actual Activity and which will be used for Activity Delivery.

(Total \$\$ Requested for this Activity) = (Activity \$\$) + (Activity Delivery \$)

2. **Is this activity a component of a housing combination (Housing Combo) program?**

Refer to the NOFA for an explanation of the Housing Combo program.

3. **Description of Activity:**

Provide a brief narrative description of the proposed activity. The narrative should include specific information on who, what, when, where and how.

4. **Who will carry out this activity?**

For this specific activity, who will be in charge of administering the program? If it will be a combination, check all appropriate boxes and list the name(s), as indicated.

B. BENEFIT:

1. **Service Area:**

Is the proposed Program going to be a Jurisdiction-wide Program, or will the Program be limited to a Targeted Area of the Jurisdiction?

If this activity is part of the Housing Combo Program, then both activities in the Combo must have the same service area.

Depending on local indicators and census data, applicants may strengthen their application by proposing an activity in a target area that has high poverty indicators; however, for Homeownership Assistance, the TIG benefit must always be 100 percent and will not increase or decrease with a Target Area.

HOMEOWNERSHIP ASSISTANCE - Instructions

All Applicants:

- List the Census Tract(s) and Block Group(s) for the service area.
- A map must be provided showing the exact Census Tract(s) and/or Block Group(s) being served.

2. Beneficiaries:

Homeownership Assistance must benefit 100 percent TIG households. Of the proposed number of households to be assisted, indicate the number by TIG, LTIG and Extremely LTIG.

>>See NOFA and Appendix B for Targeted Income Group instructions<<

3. Loans vs. Grants:

Indicate the proposed number of loans and the proposed number of grants the jurisdiction anticipates for this activity.

C. NEED FOR ACTIVITY:

The need for Homeownership Assistance is primarily based on Census information. Instructions and calculations for Census tables can be found in Appendix H, which also includes specific instructions for Counties.

For **Counties**, service area determinations (Appendix C) will need to be performed before proceeding with census tables and calculations.

1. Homeownership Rate:

The homeownership rate is the percent of owner-occupied housing units in the jurisdiction:

- From the 2000 US Census Summary File 1 Table DP-1 "*Housing Tenure*", indicate the percentage of owner-occupied housing units.
- Copy the "*Housing Tenure*" table and note the calculations as to the percentages, and include the table and calculations in the application packet.

Note: The lower the homeownership rate, the higher the points.

2. Renter Overpayment:

A household is considered overpaying rent when paying 25 percent or more of their income towards rent:

- From the 2000 US Census Summary File 3, Table DP-4, "*Gross Rent as a Percentage of Household Income in 1999*", indicate the percentage of renter-occupied households paying 25 percent or more of their income for housing.

HOMEOWNERSHIP ASSISTANCE - Instructions

- Copy the “*Gross Rent as a Percentage of Household Income in 1999*” table and note the calculations on the table as to the percentages, and include the table and calculations in the application packet.

Note: The higher the percentage of overpayment, the higher the points.

3. Overcrowding:

The Census defines an overcrowded housing unit as one occupied by 1.01 persons or more per room (excluding bathrooms and kitchens). Applicants must use 2000 Census data for this number. The total includes owner-occupied units **and** renter-occupied units. The information in this table is based on the 2000 Census Summary File 3, DP-4. Each Target Area will require a separate set of census table that includes only the applicable census tract(s)/block group(s).

4. Local Demand:

Document local market conditions for the need of a Homeownership Assistance program.

5. Supplemental Information:

This section is used to provide information being rebutted and/or not captured in the 2000 Census and/or your Housing Element with regards to the community’s worsened homeownership rate and/or worsened overcrowding needs. The worsened condition must be **specific and unique to your jurisdiction**.

For example, if the Census data for overcrowding does not accurately depict the community’s current overcrowding situation in that category, please attach third-party documentation showing the community’s worsened needs and indicate the page numbers where the documentation can be found within the application. Supplemental information shall not be older than five years from this year’s application filing date and must be specific to the community.

D. READINESS:

An applicant can demonstrate an increased level of capacity by completing and documenting actions that make the proposed project or program more ready to proceed. Readiness must be directly related to a specific activity and may include the completion of the grant special conditions, including completion of environmental review requirements, securing site control, obtaining documented commitments from funding sources, a properly procured program operator, or any other documentation that would support that the applicant is ready to proceed with the program or project.

1. Activity Administrator:

How will this activity be administered? (*Check all that apply.*)

- In-house:
 - Include supporting documentation to show grantee staff experience.

HOMEOWNERSHIP ASSISTANCE - Instructions

- **Note:** Full points under this criteria will be awarded only for inclusion of both resumes and duty statements that demonstrates capability or experience to administer CDBG funds.
- Subrecipient:
 - Provide a draft or executed subrecipient agreement.
- Procured:
 - Descriptions of experience administering CDBG grants.
 - If an administrator has already been procured, specify if procurement procedures were followed, per 24 CFR 85.36 and the CDBG Grant Management Manual Chapter 8.
 - Indicate the procurement method used.
- If a combination will be used, describe and provide the documentation used as noted above.

2. **Environmental Review:**

Check the appropriate box(es) for the environmental documents that will be necessary for the activity. Submit the documentation required. Refer to Appendix D and the Grant Management Manual (GMM) Chapter 3 for forms and instructions.

http://www.hcd.ca.gov/fa/cdbg/manual/Chapter_3-Environmental_Review_Requirements.pdf

3. **Other Readiness Documentation:**

Check the appropriate box(es), submit the documentation required and write in the page number in the application where the documentation may be found. A list of acceptable readiness items is included in the activity table of contents.

For any additional readiness documentation, add rows to the table of contents and the page where support documentation can be found.

4. **Sources and Uses Chart:**

For each activity, applicants must identify the totality of all resources that are anticipated to be utilized in carrying out a specific activity. On the Funding Sources Chart:

- Under “Uses”, identify cost categories applicable to the proposed activity.
- Fill out the columns to the right of the costs with the anticipated resources, by total dollar amount.
- Include supporting documentation for Local and Private Leverage for this activity.

Note: Commitments of conventional loans are no longer accepted as private leverage.

HOMEOWNERSHIP ASSISTANCE - Forms

TABLE OF CONTENTS

**Click on the box, drop-down menu or text box to enter information.*

ACTIVITY	SELECT	DOCUMENTATION	PAGE(S)
Homeownership Assistance (all pgs)	Select		
Activity Sources and Uses	Select		
HA Leverage Documentation	Select		
STATE OBJECTIVES			
Claimed in Application Summary Section H	Select		
BENEFIT			
Service Area Documentation	Select		
Beneficiary Documentation	Select		
Other: _____	Select		
NEED			
Homeownership Rate	Select		
Renter Overpayment	Select		
Overcrowding	Select		
Supplemental Information	Select		
Additional Supporting Documentation (list): _____	Select		
READINESS			
Activity Administrator	Select	Select	
Environmental Finding Form	Select		
Form 58.6	Select		
PI Reuse Plan	Select	Select	
Homeownership Assist. Guidelines	Select	Select	
Existing Program Continued	Select		
Homebuyer Waiting List	Select		
Pre-Qualified Applicants List	Select		
Marketing Plan	Select		
Other: _____	Select		
Other: _____	Select		

HOMEOWNERSHIP ASSISTANCE - Forms

A. ACTIVITY INFORMATION:

1. **How much is being requested for this activity?**

\$_____ = \$_____ + \$_____

Total \$\$ Requested for this Activity = (Activity \$\$)+(Activity Delivery \$\$)

2. **Is this activity a component of a Housing Combo program?**

☐ Yes

☐ No

3. **Description of Activity:** *(See instructions.)*

4. **Who will be the Activity Administrator?** *(Check all that apply.)*

☐ Jurisdiction (Applicant)

☐ Consultant/Contractor (For-Profit entity)

☐ Non-Profit as Subrecipient

☐ CHDO (Community Housing Development Organization)

☐ Another unit of local government

☐ Another public agency

☐ Non-Profit's not acting as Subrecipients

☐ Faith-based organization

☐ Institution of higher education

☐ Combination of _____

Name of all agencies/organizations indicated above:

a) _____

b) _____

c) _____

d) _____

B. BENEFIT:

1. **Service Area:** *(Check only one.)*

☐ Entire Jurisdiction

☐ Target Area(s):

All applicants: Identify the Service Area(s) by Census Tract(s) and Block Group(s) in the table below and list the page(s) where the Census Tract/ Block Group Map(s) may be found in this application. Page(s): _____

HOMEOWNERSHIP ASSISTANCE - Forms

Census Tract	Census Tract	Census Tract	Census Tract	Census Tract	Census Tract
Block Group(s)	Block Group(s)	Block Group(s)	Block Group(s)	Block Group(s)	Block Group(s)

2. **B**

eneficiaries (number of households):

All Homeownership Assistance activities are income restricted and must benefit 100 percent TIG. Provide the number of households expected to benefit from this grant:

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTALS
<i>not eligible</i>				

3. **Estimated number of:**

_____ Loans _____ Grants

C. **NEED FOR ACTIVITY:** *Carry out all percents to two decimal points, e.g. 32.68 %.*

For assistance calculating Census information, please refer to the Appendix H

1. **Homeownership Rate:**

This table will indicate the total percentage of the jurisdiction's owner-occupied housing units. Be sure to attach the applicable Census Table(s), and show the calculations on the table as to the percentages.

Enter the percentage of owner- vs. renter-occupied housing units as shown in the 2000 Census Summary File 1, Table DP-1	Homeownership Rate	%
---	---------------------------	----------

Homeownership rate Census Table and calculations on page(s): _____

2. **Renter Overpayment:**

This table will indicate the total percentage of the jurisdiction's renters that are paying 25 percent or more (overpayment) of their income towards rent. Be sure to attach the applicable Census Table(s) and show the calculations on the table as to the percentages.

HOMEOWNERSHIP ASSISTANCE - Forms

Enter the percentage of renter-occupied housing units that are paying 25 percent or more of their income towards rent, as shown in the 2000 Census Summary File 3, Table DP-4	Renter Overpayment	%
---	-------------------------------	---

Renter overpayment census table and calculations on page(s): _____

3. **Overcrowding:**

This table will indicate the total percentage of the jurisdiction's housing stock that is overcrowded (1.01 or more occupants per room). Be sure to attach the applicable Census Table(s) and show the calculations on the table as to the percentages.

Enter the percentage of households that are overcrowded as shown in the 2000 Census Summary File 3, Table DP-4	Overcrowding	%
--	---------------------	---

Overcrowding census table and calculations on page(s): _____

4. **Supplemental Information:**

Check if providing supplemental information for:

☐ Worsened Homeownership Rate ☐ Worsened Housing Overcrowding

- a) Describe the worsened condition: _____
- b) Describe how this issue is specific to your community: _____
- c) List:
 - Third-party documentation (must be less than 5 years old) that is being submitted to support the worsened condition(s), **AND**
 - The time period that the documentation supports as worsened (e.g., earthquake on 1/1/08; fire from 3/13/08-5/17/08, etc.), **AND**
 - The page numbers, in this application, where documentation can be found.

Note: *For lengthy reports/studies, please include the cover page, executive summary and only the pages needed to support worsened conditions.*

Description of Documentation:	Date of Doc.	Application Page #
1.		
2.		

HOMEOWNERSHIP ASSISTANCE - Forms

D. READINESS:

1. **Activity Administrator:**

If funded, how will this activity be administered?

- ☐ In-house Staff Only (Attach resumes and duty statements of staff that will be performing the work.)
- ☐ Subrecipient Agreement:
☐ Draft ☐ Executed ☐ Other: _____
☐ Term of the agreement: _____
- ☐ Procured Administrator(s) (per 24 CFR 85.36 and the GMM Chapter 8):
☐ Per Small Purchase Authority
☐ By Competitive Proposal
☐ By Non-Competitive/Sole-Source
Department approval documentation, pages: _____
☐ Term of the agreement: _____
- ☐ Combination of the above. Describe: _____

2. **Environmental Review (check all applicable):**

- ☐ Environmental Finding Form (EFF)
☐ Form 58.6

3. **Other Readiness Documentation Provided:**

- ☐ Program Income Reuse Plan
☐ Homeownership Assistance Program Guidelines
☐ Existing Program Continued
☐ Waiting List
☐ List of pre-qualified Applicants
☐ Marketing Plan

4. **Sources and Uses Chart:**

For each activity, applicants must identify the totality of all resources that are anticipated to be utilized in carrying out a specific activity. On the Funding Sources Chart:

- Under "Uses", identify cost categories applicable to the proposed activity.
- Fill out the columns to the right of the costs with the anticipated resources, by total dollar amount.
- Include supporting documentation for Local and Private Leverage for this activity.

HOMEOWNERSHIP ASSISTANCE - Forms

HOMEOWNERSHIP ASSISTANCE – ALL FUNDING SOURCES

USES	SOURCES							
Activity Cost Categories	STATE OR FEDERAL				LEVERAGE			
	State CDBG	Program Income	Other State Funds	Federal Funds	Local Funds	Private	Identify Leverage	Totals:
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
Totals:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____		\$ _____

REAL PROPERTY ACQUISITION - Instructions

CDBG eligibility for a Real Property Acquisition activity is based on the use of the acquired real property after acquisition (end use).

IMPORTANT CONSIDERATIONS

- *For the formerly titled “Housing Acquisition/First-time Homebuyer” program, use the Homeownership Assistance Activity Forms and Instructions.*
- *For non-housing related acquisition, use the other appropriate activity forms (e.g., public facilities, public improvements).*
- *For a housing project, continue with the Real Property Acquisition instructions and corresponding forms.*
- *For any other type of Real Property Acquisition, please refer to the NOFA to determine eligibility or contact a CDBG Representative for instructions.*

A. ACTIVITY INFORMATION:

Each activity section begins with an activity-specific Table of Contents, which:

- Provides the order in which each activity section must be organized and submitted; and
- Provides a checklist to ensure that all required activity-specific documentation is included in the application; and
- Must be completed and submitted as the first page of the activity-specific forms and documentation.

>>Refer to NOFA for additional information on eligible and ineligible activities and needs scoring<<

1. **How much is being requested for this activity?**

Indicate the total dollar amount that is being requested for this specific activity. Indicate the amount that will be used for the actual Activity and that which will be used for Activity Delivery.

Total Requested for this Activity = (Activity \$\$) + (Activity Delivery \$\$)

2. **What type of Acquisition Activity is being proposed?**

Check the type of activity that is being proposed. For more in-depth descriptions of eligible activities, please refer to the information provided by HUD at:

<http://www.hud.gov/offices/cpd/communitydevelopment/library/stateguide/ch2.pdf>

3. **Indicate the location of the proposed acquisition.**

REAL PROPERTY ACQUISITION - Instructions

Include the address, Census Tracts/Block Groups and attach maps and photos.

4. Description of Activity:

Provide a brief narrative description of the proposed activity. The narrative should include specific information on who, what, when, where and how. Priority for this activity should be based on urgent need of health and safety services.

Include information about the total project cost, funding by source, how CDBG funds will be used and the number of housing units/households assisted.

Example: The County of PDQ will use the \$500,000 to assist the NP Housing Development Corporation (NPHDC) to purchase a rental housing project consisting of 50 units, located in the rural Vista community in the Northwest area of the County. These units are currently occupied by 10 TIG and 40 LTIG households. The balance of funding for this \$2 million project will be provided by a CHFA loan in the amount of \$1,400,000 and a FHLB Affordable Housing Program grant of \$100,000. Affordability restrictions will be placed for the term of the loan.

Describe and document how the applicant will ensure the Real Property Acquisition and the final use of the property will be maintained as a CDBG eligible use in the future.

5. Who will carry out this activity?

For this specific activity, who will be in charge of administering the program/project. If it will be a combination, check all appropriate boxes and list the name(s), as indicated.

6. What are the Milestones associated with this activity?

Indicate significant milestone accomplishments and the proposed date of completion. If awarded, these will become the contract expenditure milestones.

B. BENEFIT:

1. Beneficiaries:

What types of people will benefit from this activity?

2. Number of households who will benefit:

Of the proposed number of units to be assisted, indicate the number of owner- or renter-occupied units broken down by TIG, LTIG and Extremely LTIG.

If a multi-family mixed income project is proposed, CDBG funds can only

REAL PROPERTY ACQUISITION - Instructions

be used when at least 51 percent of the units are occupied by TIG households.

Common improvements such as roofs and exterior painting can be pro-rated based on percentage of TIG units being served.

Under the following limited circumstances, structures with less than 51 percent TIG occupants may be assisted if:

- Assistance is for an eligible activity that reduces the development cost of new construction of non-elderly, multi-family rental housing projects; **and**
- At least 20 percent of the units will be occupied by TIG households at an affordable rent; **and**
- The proportion of cost borne by CDBG funds is no greater than the proportion to be occupied by TIG households.

Of the proposed number of units to be assisted, indicate the number of owner- or renter-occupied units broken down by TIG, LTIG and Extremely LTIG

Note: Occupancy/use by the beneficiaries must occur by the CDBG contract expiration date.

3. Percentage of TIG housing units benefiting from this proposed activity:

Answer the questions and follow steps to determine percentage.

C. NEED FOR ACTIVITY:

The need for Real Property Acquisition is primarily based on Census information. Instructions and calculations for Census Tables can be found in Appendix H.

1. Homeownership Rate:

The homeownership rate is the percent of owner- vs. renter-occupied housing units.

- From the 2000 US Census Summary File 1 Table DP-1 "*Housing Tenure*", indicate the percentage of owner-occupied housing units.
- Copy the "*Housing Tenure*" table and note the calculations on the table as to the percentages, and include the table and calculations in the application packet.

2. Renter Overpayment:

A household is considered overpaying rent when paying 25 percent or more of their income towards rent.

- From the 2000 US Census Summary File 3, Table DP-4, "*Selected Monthly Owner Costs as a Percentage of Household Income in 1999*",

REAL PROPERTY ACQUISITION - Instructions

indicate the percentage of renter-occupied households paying 25 percent or more of their income for housing.

- Copy the “*Selected Monthly Owner Costs as a Percentage of Household Income in 1999*” table and note the calculations on the table as to the percentages, and include the table and calculations in the application packet.

3. **Overcrowding:**

The Census defines an overcrowded housing units as one occupied by 1.01 persons or more per room (excluding bathrooms and kitchens). Applicants must use 2000 Census data for this number. The total includes owner-occupied units **and** renter-occupied units. The information in this table is based on the 2000 Census Summary File 3, DP-4. Each Target Area will require a separate set of census table that includes only the applicable census track(s)/block group(s). Proposed multi-family housing projects must use jurisdiction-wide data.

4. **Supplemental Information:**

This section is used to provide information being rebutted and/or not captured in the 2000 Census and/or your Housing Element with regards to the community’s worsened homeownership rate and/or worsened overcrowding needs. The worsened condition must be **specific and unique to your jurisdiction**.

For example, if the Census data for overcrowding does not accurately depict the community’s need in that category, please attach third-party documentation, showing the community’s worsened needs and indicate the page numbers where the documentation can be found within the application. Supplemental information shall not be older than five years from this year’s application filing date and must be specific to the community.

D. **READINESS:**

An applicant can demonstrate an increased level of capacity by completing and documenting actions that make the proposed project or program more ready to proceed. Readiness must be directly related to a specific activity and may include the completion of the grant special conditions, including completion of environmental review requirements, securing site control, obtaining documented commitments from funding sources, a properly procured program operator, or any other documentation that would support that the applicant is ready to proceed with the program or project.

1. **Activity Administrator:**

How will this activity be administered? (*Check all that apply.*)

- In-house:
 - Include supporting documentation to show grantee staff experience.

REAL PROPERTY ACQUISITION - Instructions

- **Note:** Full points under this criteria will be awarded only for inclusion of both resumes and duty statements that demonstrates capability or experience to administer CDBG funds.
- Subrecipient:
 - Provide a draft or executed subrecipient agreement.
- Procured:
 - Descriptions of experience administering CDBG grants.
 - If an administrator has already been procured, specify if procurement procedures were followed, per 24 CFR 85.36 and the CDBG Grant Management Manual Chapter 8.
 - Indicate the procurement method used.
- If a combination will be used, describe and provide the documentation used as noted above.

2. **Environmental Review:**

Check the appropriate box(es) for the environmental documents that will be necessary for the activity. Submit the documentation required. Refer to Appendix D and the Grant Management Manual (GMM) Chapter 3 for forms and instructions.

http://www.hcd.ca.gov/fa/cdbg/manual/Chapter_3-Environmental_Review_Requirements.pdf

3. **Site Control:**

Check the appropriate box(es) and submit the documentation required.

Note: Applicants **must not** make a choice-limiting action. Choice-limiting actions include executing a sales or lease agreement for purchase of land (however, an option to purchase or lease is an allowable action) or executing a construction contract **prior** to conducting an objective environmental review and obtaining release of CDBG funds for a proposed activity.

4. **Other Readiness Documentation:**

Check the appropriate box(es), submit the documentation required and write in the page number in the application where the documentation may be found. A list of acceptable readiness items is included in the activity table of contents.

For any additional readiness documentation, add rows to the table of contents and the page where support documentation can be found.

5. **Sources and Uses Chart:**

For each activity, applicants must identify the totality of all resources that are anticipated to be utilized in carrying out a specific activity. On the Funding Sources Chart:

- Under "Uses", identify cost categories applicable to the proposed activity.
- Examples include acquisition, plans and specs, fees, construction and other related costs.

REAL PROPERTY ACQUISITION - Instructions

- Fill out the columns to the right of the costs with the anticipated resources, by total dollar amount.
- Include the appropriate resource documentation and note the page(s) on the activity-specific Table of Contents under “Sources and Uses”.

REAL PROPERTY ACQUISITION - Forms

REAL PROPERTY ACQUISITION TABLE OF CONTENTS

**Click on the box, drop-down menu or text box to enter information.*

ACTIVITY	SELECT	DOCUMENTATION	PAGE(S)
Real Property Acq. Forms (all pgs)	Select		
Activity Sources and Uses	Select		
Real Prop. Leverage Documentation	Select		
STATE OBJECTIVES			
Claimed in Application Summary Section H	Select		
BENEFIT			
Service Area Documentation	Select		
Beneficiary Documentation	Select		
Other: _____	Select		
NEED			
Homeownership Rate	Select		
Overpayment	Select		
Overcrowding	Select		
Local Demand	Select		
Supplemental Information	Select		
Additional Supporting Documentation (list): _____	Select		
READINESS			
Activity Administrator	Select	Select	
Environmental Finding Form	Select		
Form 58.6	Select		
PI Reuse Plan	Select	Select	
Homeownership Assist. Guidelines	Select	Select	
Existing Program Continued	Select		
Potential Client List	Select	Select	
Pre-Qualified Applicants List	Select	Select	
Marketing Plan	Select		
Sources/Uses/Timeline	Select		
Other: _____	Select		
Other: _____	Select		

REAL PROPERTY ACQUISITION - Forms

A. ACTIVITY INFORMATION:

1. How much is being requested for this activity?

\$_____ = \$_____ + \$_____

Total \$\$ Requested for this Activity = Activity \$\$+Activity Delivery \$\$

2. What type of acquisition is being proposed?

- ☐ Acquisition of existing multi-family housing.
- ☐ Acquisition of existing mobile home park.
- ☐ Acquisition of rental housing, the majority of which is unoccupied.
- ☐ Acquisition of land for: _____
- ☐ Other Acquisition for a Housing Activity.
Describe: _____
- ☐ Other Acquisition:
Describe: _____

3. Location of site(s) where activity will occur:

Census Tract/Block Group _____, Map Included on Page _____

Does the Applicant currently have site control?

☐ Yes ☐ No

Explain Site Control Available: _____

4. Description of Activity and proposed final use: (See instructions.)

Final Use meets which National Objective?

5. Who will be the Activity Administrator? (Check all that apply.)

- ☐ Jurisdiction (Applicant)
- ☐ Consultant/Contractor (For-Profit entity)
- ☐ Non-Profit as Subrecipient
- ☐ CHDO (Community Housing Development Organization)
- ☐ Another unit of local government
- ☐ Another public agency
- ☐ Non-Profit's not acting as Subrecipients
- ☐ Faith-based organization
- ☐ Institution of higher education

Name of all agencies/organizations indicated above:

- a) _____
- b) _____
- c) _____
- d) _____

REAL PROPERTY ACQUISITION - Forms

6. **Timeline/Schedule/Milestones:**

Indicate significant milestone accomplishments and the proposed date of completion. If awarded, these will become the contract expenditure milestones.

Activity Milestones		
	Description of Accomplishment	Proposed Date of Attainment
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

B. **BENEFIT:**

Answer the questions and follow the prompts below to determine project eligibility based on beneficiaries.

1.	What percentage of housing units benefiting from this proposed activity are TIG households? _____%	
	<ul style="list-style-type: none"> If proposing assistance for development of individual-ownership housing, there must be <u>100% TIG benefit</u>. (STOP. GO to Section C.) If proposing assistance for the development of rental housing, <i>CONTINUE with questions below.</i> 	
2.	<ul style="list-style-type: none"> If the answer to question # 1 is <u>51% or greater</u>, STOP. GO to Section C. If the answer to question # 1 is <u>between 20% and 50%</u>, <i>CONTINUE with questions below.</i> 	
	<ul style="list-style-type: none"> If the answer to question # 1 is <u>less than 20%</u>, STOP. Project does not meet the TIG National Objective and is <u>ineligible</u>. 	
3.	Does the applicant propose to assist a senior housing project that is between 20% and 50% TIG?	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>___ YES</p> <p>___ NO.</p> </div> <div style="width: 60%;"> <p>STOP. Project does not meet the TIG National Objective and is <u>ineligible</u></p> <p>CONTINUE.</p> </div> </div>

REAL PROPERTY ACQUISITION - Forms

Enter the **Total Development Costs** (TDC) for this project. \$ _____

Enter the dollar amount of **CDBG funds requested** for this project. \$ _____

Divide CDBG funds (4. b.) by TDC (4. a.) = _____ %
(percentage of CDBG funds relevant to TDC)

Is the percentage of CDBG funds **equal to or less than** the percentage of TIG households shown in #1 above? YES Project **meets** the TIG National Objective for this activity.

NO. Project **does not** meet the TIG National Objective and is **ineligible**.

4. **Beneficiaries (number of households):**

Of the eligible households noted above, separate the TIG households by the following TIG ranges:

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTALS

Survey Documentation on Page _____

C. **NEED FOR ACTIVITY:** *Carry out all percents to two decimal points, e.g. 32.68 %.*

For assistance calculating census information, please refer to Appendix H.

1. **Homeownership Rate:**

This table will indicate the total percentage of the jurisdiction's owner-occupied housing units. Be sure to attach the applicable Census Table(s), and show the calculations on the table as to the percentages.

Enter the percentage of owner- vs. renter-occupied housing units as shown in the 2000 Census Summary File 1, Table DP-1	Homeownership Rate	%
---	---------------------------	----------

Homeownership rate Census Table and calculations on page(s): _____

2. **Renter Overpayment:**

This table will indicate the total percentage of the jurisdiction's renters that are paying 25 percent or more (overpayment) of their income towards rent. Be sure to attach the applicable Census Table(s) and show the calculations on the table as to the percentages.

REAL PROPERTY ACQUISITION - Forms

Enter the percentage of renter-occupied housing units that are paying 25 percent or more of their income towards rent, as shown in the 2000 Census Summary File 3, Table DP-4	Renter Overpayment	%
---	-------------------------------	---

Renter overpayment census table and calculations on page(s): _____

3. Overcrowding:

This table will indicate the total percentage of the jurisdiction's housing stock that is overcrowded (1.01 or more occupants per room). Be sure to attach the applicable Census Table(s) and show the calculations on the table as to the percentages.

Enter the percentage of households that are overcrowded as shown in the 2000 Census Summary File 3, Table DP-4	Overcrowding	%
--	---------------------	---

Overcrowding census table and calculations on page(s): _____

4. Local Demand:

- ☐ Waiting List. Page(s): _____
☐ Market Study. Page(s): _____
☐ Other (describe): _____ Page(s): _____

5. Supplemental Information:

This section is used to provide information being rebutted and/or not captured in the 2000 Census and/or your Housing Element with regards to the community's worsened homeownership rate and/or worsened overcrowding needs. Provide all information that is requested.

Check if providing supplemental information for:

- ☐ Worsened Homeownership Rate ☐ Worsened Housing Overcrowding

a) Describe the worsened condition:

b) Describe how this issue is specific to your community?

c) List:

- Third-party documentation (must be less than 5 years old) that is being submitted to support the worsened condition(s), **AND**
- The time period that the documentation supports as worsened (e.g., earthquake on 1/1/08; fire from 3/13/08-5/17/08, etc.), **AND**
- The page numbers, in this application, where documentation can be found.

REAL PROPERTY ACQUISITION - Forms

Note: For lengthy reports/studies, please include the cover page, executive summary and only the pages needed to support worsened conditions. Highlight the pertinent information on the pages included.

Description of Documentation:	Date of Doc.	Application Page #
1.		
2.		

D. READINESS:

1. **Activity Administrator:**

If funded, how will this activity be administered?

- ☐ In-house Staff Only (Attach resumes and duty statements of staff that will be performing the work.)
- ☐ Subrecipient Agreement:
☐ Draft ☐ Executed ☐ Other: _____
☐ Term of the agreement: _____
- ☐ Procured Administrator(s) (per 24 CFR 85.36 and the GMM Chapter 8):
☐ Per Small Purchase Authority
☐ By Competitive Proposal
☐ By Non-Competitive/Sole-Source
Department approval documentation, pages: _____
☐ Term of the agreement: _____
- ☐ Combination of the above. Describe: _____

2. **Environmental Review (check all applicable):**

- ☐ Environmental Finding Form (EFF)
☐ Form 58.6
☐ Rehabilitation Environmental Review (RER) excluding Appendix A
☐ Environmental Assessment
☐ SHPO Letter
☐ Ready to Publish Notice
☐ Ready to Sign Request for Release of Funds (RROF)

3. **Site Control (Projects only):**

- | | | |
|--------------------------|--------------------------|------------------------|
| Draft | Executed | |
| <input type="checkbox"/> | <input type="checkbox"/> | City/County owned site |
| <input type="checkbox"/> | <input type="checkbox"/> | Purchase Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Option to Purchase |
| <input type="checkbox"/> | <input type="checkbox"/> | Option to Lease |
| <input type="checkbox"/> | <input type="checkbox"/> | Leasehold Interest |
| <input type="checkbox"/> | <input type="checkbox"/> | Deed of Trust |

REAL PROPERTY ACQUISITION - Forms

☐☐

Other documentation of Site Control – List

4. Other Readiness Documentation Provided:

☐

Timeline

☐

Financing in Place

☐

Program Income Reuse Plan

☐

Marketing Plan

☐

List of pre-qualified Applicants

☐

Existing Program Continued

REAL PROPERTY ACQUISITION - Forms

REAL PROPERTY ACQUISITION – ALL FUNDING SOURCES

USES	SOURCES							
Activity Cost Categories	STATE OR FEDERAL				LEVERAGE			
	State CDBG	Program Income	Other State Funds	Federal Funds	Local Funds	Private	Identify Leverage	Totals:
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
Totals:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

PUBLIC SERVICES - Instructions

If multiple services are proposed, complete one set of Public Service Activity forms for each service.

A. ACTIVITY INFORMATION:

Each activity section begins with an activity-specific Table of Contents, which:

- Provides the order in which each activity section must be organized and submitted; and
- Provides a checklist to ensure that all required activity-specific documentation is included in the application; and
- Must be completed and submitted as the first page of the activity-specific forms and documentation.

>>Refer to NOFA for additional information on eligible and ineligible activities and needs scoring<<

1. How much is being requested for this activity?

Indicate the total dollar amount that is being requested for this specific activity. Then break out the amount that will be used for the actual Activity and that which will be used for Activity Delivery.

Total Requested for this Activity = (Activity \$\$) + (Activity Delivery \$\$)

>>See NOFA for Activity Delivery instructions<<

2. What type of Public Service will be provided?

Check the type of service that will be provided. For more in-depth descriptions of eligible activities, please refer to the information provided by HUD at:

<http://www.hud.gov/offices/cpd/communitydevelopment/library/stateguide/ch2.pdf>

3. Description of Activity:

Provide a brief narrative description of the proposed activity. The narrative should include specific quantifiable information on who, what, when, where and how. Priority for this activity should be based on health and safety need.

4. Location of site where the service will be carried out:

Indicate the specific location where the program will be carried out. Check the appropriate box if the jurisdiction has site control of the location.

5. Who will carry out this activity?

For this specific activity, who will be in charge of administering the program? If it will be a combination, check all appropriate boxes and list the name(s), as indicated.

PUBLIC SERVICES - Instructions

B. BENEFIT:

1. **Service Area:**

Will the proposed Public Services benefit the entire Jurisdiction, or will the Public Services primarily benefit a Targeted Area of the Jurisdiction?

Failure to provide accurate, readable maps that show the exact Census Tract(s) and/or Block Group(s), or boundaries of the service area(s), with the application will result in no points being awarded under this section.

2. **Beneficiaries:**

Who will benefit from this public service? Specify the type of beneficiaries and include support documentation.

3. **Number of people who will benefit:**

Under each column, identify the proposed number of people who will benefit by each specific income group.

C. NEED FOR ACTIVITY:

Answers questions 1 – 5 and complete the need matrix. Attach appropriate supporting documentation under each need criteria.

1. **What level of service is needed?**

2. **How was the need determined?**

3. **Availability of similar services.**

4. **Problem if the service is not provided, continued or expanded.**

5. **How will CDBG funding solve the problem?**

Failure to complete the Need Matrix may result in lower points under this section.

6. **Supporting Documentation:**

- The Department will assess the relative need for the activity based on documentation demonstrating that: a serious problem exists; there is an unmet demand or need, and the extent to which the service would solve the problem.
- Use the following “Public Services Need Documentation Matrix” to:
 - document the severity of the problem;

PUBLIC SERVICES - Instructions

- document the extent to which the service would solve the problem;
- provide additional supporting documentation.
- Identify documentation pertaining to one of the three need criteria and identify how they quantify the problem:

The most competitive applications will address a serious threat to the health, safety or well-being of the proposed beneficiaries. Applications with quantitative documentation of the problem may be more competitive. Such documentation could include, but not be limited to, waiting list information and data from government agencies. In rating and ranking the proposed activities, the Department will assign points based on the relative severity of problems among all applications.

D. **READINESS:**

An applicant can demonstrate an increased level of capacity by completing and documenting actions that make the proposed project or program more ready to proceed. Readiness must be directly related to a specific activity and may include the completion of the grant special conditions, including completion of environmental review requirements, securing site control, obtaining documented commitments from funding sources, a properly procured program operator, or any other documentation that would support that the applicant is ready to proceed with the program or project.

1. **Activity Administrator:**

How will this activity be administered? *(Check all that apply.)*

- In-house:
 - Include supporting documentation to show grantee staff experience.
 - **Note:** Full points under this criteria will be awarded only for inclusion of both resumes and duty statements that demonstrates capability or experience to administer CDBG funds.
- Subrecipient:
 - Provide a draft or executed subrecipient agreement.
- Procured:
 - Descriptions of experience administering CDBG grants.
 - If an administrator has already been procured, specify if procurement procedures were followed, per 24 CFR 85.36 and the CDBG Grant Management Manual Chapter 8.
 - Indicate the procurement method used.
- If a combination will be used, describe and provide the documentation used as noted above.

2. **Environmental Review:**

Check the appropriate box(es) for the environmental documents that will be necessary for the activity. Submit the documentation required. Refer to Appendix D and the Grant Management Manual (GMM) Chapter 3 for forms and instructions.

PUBLIC SERVICES - Instructions

http://www.hcd.ca.gov/fa/cdbg/manual/Chapter_3-Environmental_Review_Requirements.pdf

3. **Site Control:**

Check the appropriate box(es), submit the documentation required.

Note: Applicants **must not** make a choice-limiting action. Choice-limiting actions include executing a sales or lease agreement for purchase of land (however, an option to purchase or lease is an allowable action) or executing a construction contract **prior** to conducting an objective environmental review and obtaining release of CDBG funds for a proposed activity.

4. **Other Readiness Documentation:**

Check the appropriate box(es), submit the documentation required and write in the page number in the application where the documentation may be found. A list of acceptable readiness items is included in the activity table of contents.

For any additional readiness documentation, add rows to the table of contents and the page where support documentation can be found.

5. **Sources and Uses Chart:**

For each activity, applicants must identify the totality of all resources that are anticipated to be utilized in carrying out a specific activity. On the Funding Sources Chart:

- Under “Uses”, identify cost categories applicable to the proposed activity.
- Examples include acquisition, plans and specs, fees, construction and other related costs.
- Fill out the columns to the right of the costs with the anticipated resources, by total dollar amount.
- Include the appropriate resource documentation and note the page(s) on the activity-specific Table of Contents under “Sources and Uses”.

PUBLIC SERVICES - Forms

PUBLIC SERVICES TABLE OF CONTENTS

**Click on the box, drop-down menu or text box to enter information.*

ACTIVITY	SELECT	DOCUMENTATION	PAGE(S)
Public Services Forms (this activity)	Select		
Activity Sources and Uses	Select		
PS Leverage Documentation	Select		
STATE OBJECTIVES			
Claimed in Application Summary Section H	Select		
BENEFIT			
Service Area Documentation	Select		
Beneficiary Documentation	Select		
Other: _____	Select		
NEED			
Current Level of Service	Select		
Proposed Beneficiaries - Need Determination	Select		
Existing Beneficiaries - Need Determination	Select		
Unmet Demand - Need Determination	Select		
Availability of Similar Services	Select		
Service Not Provided - Description	Select		
Service Will Solve Need - Description	Select		
Need Documentation Chart	Chart		
READINESS			
Activity Administrator	Select	Select	
Environmental Finding Form	Select		
Form 58.6	Select		
Site Control of Facility	Select		
Waiting List/Demand List	Select		
New Program with Staff Hired	Select		
Existing Program	Select		
Program Income Reuse Plan	Select	Select	
Other Readiness	Select		

PUBLIC SERVICES - Forms

If multiple services are proposed, complete one set of Public Service Activity forms for each service.

A. ACTIVITY INFORMATION:

1. How much is being requested for this activity?

\$_____ = \$_____ + \$_____

Total \$\$ Requested for this Activity = Activity \$\$+Activity Delivery \$\$

2. What type of Public Service will be provided? (Select only one.)

- | | |
|--|--|
| <input type="checkbox"/> Senior Services (05A) | <input type="checkbox"/> Tenant/Landlord Counseling (05K) |
| <input type="checkbox"/> Services for the Disabled (05B) | <input type="checkbox"/> Child Care Services (05L) |
| <input type="checkbox"/> Legal Services (05C) | <input type="checkbox"/> Health Services (05M) |
| <input type="checkbox"/> Youth Service (05D) | <input type="checkbox"/> Abused & Neglected Children (05N) |
| <input type="checkbox"/> Transportation Services (05E) | <input type="checkbox"/> Mental Health Services (05O) |
| <input type="checkbox"/> Substance Abuse Services (05F) | <input type="checkbox"/> Screening for Lead (05P) |
| <input type="checkbox"/> Battered and Abused Spouses (05G) | <input type="checkbox"/> Subsistence Payments (05Q) |
| <input type="checkbox"/> Employment Training (05H) | <input type="checkbox"/> Security Deposits (05T) |
| <input type="checkbox"/> Crime Awareness (05I) | <input type="checkbox"/> Homeless/AIDS Programs (03T) |
| <input type="checkbox"/> Fair Housing (05J) | <input type="checkbox"/> Other Public Services (05) |
| <input type="checkbox"/> Code Enforcement (15) | (specify): _____ |

3. Location of site(s) where activity will occur:

Does the Applicant currently have site control?

- ☐ Yes
☐ No

Supporting Documentation on page(s): _____

4. Description of the Activity: (See instructions.)

5. Who will be the Activity Administrator? (Check all that apply.)

- ☐ Jurisdiction (Applicant)
☐ Consultant/Contractor (For-Profit entity)
☐ Non-Profit as Subrecipient
☐ CHDO (Community Housing Development Organization)
☐ Another unit of local government
☐ Another public agency
☐ Non-Profit's not acting as Subrecipients
☐ Faith-based organization
☐ Institution of higher education

PUBLIC SERVICES - Forms

Name of all agencies/organizations indicated above:

- a) _____
 b) _____
 c) _____

B. BENEFIT:

1. Service Area: *(Check only one.)*

- ☐ Entire Jurisdiction
☐ Target Area(s):
 • TIG benefit for a target area **must** contain information/ documentation as to how only those within the Target Area will benefit from the activity. Page(s): _____

All applicants: Identify the Service Area(s) by Census Tract(s) and Block Group(s) in the table below and list the page(s) where the Census Tract/ Block Group Map(s) may be found in this application. Page(s): _____

Census Tract	Census Tract	Census Tract	Census Tract	Census Tract	Census Tract
Block Group(s)	Block Group(s)	Block Group(s)	Block Group(s)	Block Group(s)	Block Group(s)

2. Beneficiaries (people): *See NOFA and Appendix B for additional information.*

- ☐ Income Restricted (100 percent TIG) Support Documentation on Page _____
☐ Limited Clientele - (list type): _____ Support Documentation on Page _____
☐ Primarily TIG (List % of total): _____
 ☐ Based on HUD Low/Mod charts. Charts on Page _____
 ☐ Based on Income Survey, Survey results on page(s) _____
 (This applies to services open to all residents in the service area, where at least 51% of the residents are TIG)

Note: Activities with 90% TIG benefit and above will receive the full 300 points for Benefit.

3. Number of people who will benefit:

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTAL # of People

PUBLIC SERVICES - Forms

C. NEED FOR ACTIVITY:

I. Severity of Problem

1. What level of service is needed?

- ☐ A new service.

Supporting Documentation on page(s): _____

- ☐ An existing service to be continued, but for which funding has been or will be decreased.

- Currently funded by: _____
- Describe current financial situation: _____
- Page(s) current financial statement located in application: _____
- Date all existing funding will end: _____

Supporting Documentation on page(s): _____

- ☐ An existing service to be increased.

- Currently funded by: _____
- Describe current financial situation: _____
- Anticipated increase in service: _____ %
- Page(s) current financial statement located in application: _____
- Page(s) where quantification documentation is included: _____

Supporting Documentation on page(s): _____

- ☐ An existing service funded by prior CDBG funds. List _____

2. How was the need for this Activity determined?

- ☐ Need survey of **proposed** Beneficiaries

- Proposed to serve: _____ (#)
Per: ☐Day ☐Week ☐Month

Supporting Documentation on page(s): _____

- ☐ Need survey of **existing** Beneficiaries

- Currently serve: _____ (#)
Per: ☐Day ☐Week ☐Month

Supporting Documentation on page(s): _____

- ☐ Unmet demand

- People on a waiting list: _____ (#)
Per: ☐Day ☐Week ☐Month
- People turned away: _____ (#)
Per: ☐Day ☐Week ☐Month
- Other (*describe*): _____

Supporting Documentation on page(s): _____

PUBLIC SERVICES - Forms

II. Extent to Which Activity Will Resolve the Problem

3. Are there similar services currently being provided within the community?

☐

No. *If no, skip to next question.*

☐

Yes.

- If yes, where are they being provided? _____

What is the distance to the proposed service location? _____

Include a map with the location(s) of similar services.

Supporting Documentation on page(s): _____

- If yes, are there any special impediments for TIG households to access the existing services?

☐

No. *If no, skip to next question..*

☐

Yes.

- If yes, what are the impediments? *Check all that apply and describe each one.*

☐

Transportation: _____

☐

ADA access: _____

☐

Other: _____

Supporting Documentation on page(s): _____

4. Describe the problem if is this service is not provided, continued or expanded:

5. Explain how and to what extent the proposed activity will solve the problem (quantify)

III. Third Party Documentation

6. Additional supporting documentation for this specific Public Service.

- Letters from Non-Profit Organization(s)

Supporting Documentation on page(s): _____

- News articles regarding the need for the service.

Supporting Documentation on page(s): _____

- Third-party letters describing the direct **health and safety** impact.

Supporting Documentation on page(s): _____

- Documentation to support the need(s) must be less than 5 years old.

- Note the page numbers, in this application, where documentation can be found.

Note: *For lengthy reports/studies, please include the cover page, executive summary and only the pages needed to support the need for the Public Services. Highlight the pertinent information.*

PUBLIC SERVICES - Forms

PUBLIC SERVICES NEED DOCUMENTATION MATRIX

**Click on the box, drop-down menu or text box to enter information.*

Source	Type of Documentation	Quantification	Page # (in app.)
DOCUMENTATION SUPPORTING SEVERITY OF PROBLEM ADDRESSED			
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
DOCUMENTATION OF THE EXTENT TO WHICH THE PROPOSED SERVICE(S) WOULD SOLVE THE PROBLEM			
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
ADDITIONAL THIRD PARTY SUPPORTING DOCUMENTATION			
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Other	_____	_____	

PUBLIC SERVICES - Forms

D. READINESS:

1. **Activity Administrator:**

If funded, how will this activity be administered?

- ☐ In-house Staff Only (Attach resumes and duty statements of staff that will be performing the work.)
- ☐ Subrecipient Agreement:
☐ Draft ☐ Executed ☐ Other: _____
☐ Term of the agreement: _____
- ☐ Procured Administrator(s) (per 24 CFR 85.36 and the GMM Chapter 8):
☐ Per Small Purchase Authority
☐ By Competitive Proposal
☐ By Non-Competitive/Sole-Source
Department approval documentation, pages: _____
☐ Term of the agreement: _____
- ☐ Combination of the above. Describe: _____

2. **Environmental Review (check all applicable):**

- ☐ Environmental Finding Form (EFF)
☐ Form 58.6

3. **Site Control (for the location where services are provided):**

- | Draft | Executed | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | City/County owned site |
| <input type="checkbox"/> | <input type="checkbox"/> | Purchase Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Option to Purchase |
| <input type="checkbox"/> | <input type="checkbox"/> | Option to Lease |
| <input type="checkbox"/> | <input type="checkbox"/> | Leasehold Interest |
| <input type="checkbox"/> | <input type="checkbox"/> | Deed of Trust |
| <input type="checkbox"/> | <input type="checkbox"/> | Other documentation of Site Control – List |

4. **Other Readiness Documentation:**

- ☐ Sources and Uses Form
☐ PI Reuse Plan
☐ Other: _____

PUBLIC SERVICES - Forms

PUBLIC SERVICES – ALL FUNDING SOURCES

USES	SOURCES							
Activity Cost Categories	STATE OR FEDERAL				LEVERAGE			
	State CDBG	Program Income	Other State Funds	Federal Funds	Local Funds	Private	Identify Leverage	Totals:
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
Totals:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

PUBLIC FACILITIES - Instructions

A. ACTIVITY INFORMATION:

Each activity section begins with an activity-specific Table of Contents, which:

- Provides the order in which each activity section must be organized and submitted; and
- Provides a checklist to ensure that all required activity-specific documentation is included in the application; and
- Must be completed and submitted as the first page of the activity-specific forms and documentation.

The need for a public facility is based on the “Need” of the public service(s) that will be provided within that facility, and the need for the rehabilitation, acquisition or construction of the facility.

>>Refer to NOFA for additional information on eligible and ineligible activities and needs scoring<<

1. **How much is being requested for this activity?**

Indicate the total dollar amount that is being requested for this specific activity. Then break out the amount that will be used for the actual Activity and that which will be used for Activity Delivery.

Total Requested for this Activity = (Activity \$\$) + (Activity Delivery \$\$)

2. **How will the requested CDBG funds be used?**

a) Select the type of project being proposed.

- Is there an exiting structure that will be acquired?
- Is there an existing facility that will be rehabilitated? If so, what type of rehabilitation is proposed?
- Is there no current structure and one will be built for the purposed stated?
- Which portion of the project will be funded by CDBG and which portion will have other funding?
- Will it be a combination of activities and/or funding? Check all that apply.

b) Select the type of Public Facility that will result.

- For more in-depth descriptions of eligible activities, please refer to the information provided by HUD at:

<http://www.hud.gov/offices/cpd/communitydevelopment/library/stateguide/ch2.pdf>

3. **How many Public Service Activities will be provided at the facility?**

The need for the facility is based on the need for services being provided within the facility.

- If the applicant is applying for a Public Facility with more than one

PUBLIC FACILITIES - Instructions

public service activity being conducted at the facility, the applicant must complete one set of activity "Need" forms for each Public Service Activity conducted within the facility.

Failure to provide separate NEED forms for each Public Service will result in no points being awarded under this section.

4. **What type of Public Service will be provided at the proposed facility?** (Select all that apply.)
5. **Location of site where the service will be carried out:**
Indicate the specific location of the public facility. Check the appropriate box if the jurisdiction has site control of the location.
6. **Description of the Project:**
Provide a brief narrative description of the proposed project. The narrative should include specific information on who, what, when, where and how. Priority for this activity should be based on urgent health and safety need for services that will be provided at the facility.
 - If the applicant is proposing a public facility with more than one public service, explain all aspects of each service. If the project involves services that will benefit various user groups, describe each service to be housed in the facility and include square footage to be used by each group.
 - Shared time usage by various services is not acceptable.
 - **Example 1:** The City of ABC will grant \$500,000 to the non-profit Battered Spouses Center, to purchase and rehabilitate a building to house battered spouses and their children. The rehabilitation work will consist of replacing the roof and HVAC system. These funds represent the total cost of the project. The City estimates the Center will provide services to 50 persons per week, with an anticipated total of 250 persons for the term of the grant.
 - **Example 2:** The County of XYZ will use \$500,000 of CDBG funds to construct a health and social services center for the unincorporated community of "No Money". A private individual is donating the land. The facility will be 3,600 sq. ft. (100%) in total. Of this, 1,000 sq. ft. (27.8%) will be used by the County Mental Health Department to provide services to migrant farmworkers who are all Targeted Income Group (TIG). Another 1,000 sq. ft. (27.8%) will be used to provide job training for TANF recipients (100 percent TIG). The remaining 1,600 sq. ft. (44.4%) will be used to provide a drug and alcohol abuse counseling and diversion program to primarily TIG clients.

PUBLIC FACILITIES - Instructions

7. Who will be the Activity Administrator?

For this specific activity, who will be in charge of administering the project? If it will be a combination, check all appropriate boxes and list the name(s), as indicated.

8. What are some of the Milestones associated with this project?

Indicate significant milestone accomplishments and the proposed date of completion. If awarded, these will become the contract expenditure milestones.

B. BENEFIT

1. Service Area:

Will the proposed public service(s) provided at the facility benefit the entire jurisdiction, or will the public service(s) primarily benefit a Targeted Area within the Jurisdiction?

- List the Census Tract(s) and Block Group(s) for the service area.
- A map must be provided showing the exact boundaries of the area being served.
- Mark the project on the map, as well as any neighboring, similar, public facilities, any physical boundaries, etc.

Failure to provide accurate, readable maps that show the exact Census Tract(s) and/or Block Group(s), or boundaries of the service area(s) with the application will result in using the jurisdiction-wide TIG benefit included in the NOFA.

2. Beneficiaries:

What types of people will benefit from this public service?

3. Number of people who will benefit:

Under each column, identify the proposed number of people who will benefit by each specific income group.

C. NEED FOR ACTIVITY:

1. Public Facility need documentation:

If more than one public service will be conducted at the proposed facility, the applicant must complete one set of activity "NEED" forms for each proposed service in this application.

- a) If the applicant is also requesting CDBG public service funding, the NEED forms from that activity will suffice as documentation and do not need to be duplicated here.
- b) If the applicant is not requesting CDBG public service funding within this application, answer questions 2 – 5 and complete the Public Services Needs Documentation Matrix.

PUBLIC FACILITIES - Instructions

2. **What level of service is needed?**
3. **How was the need determined?**
4. **Availability of similar services.**
Note if similar services are available elsewhere in the jurisdiction and complete the related items.
5. **Problem if the service is not provided, continued, or expanded.**
6. **Describe the need for the acquisition, construction or rehabilitation of the facility.**
7. **How will CDBG funding solve the problem?**
8. **Supporting Documentation:**
 - The Department will assess the relative need for the activity based on documentation demonstrating that: a serious problem exists; there is an unmet demand or need, and the extent to which the service would solve the problem.
 - Use the following “Public Services Need Documentation Matrix” to:
 - document the severity of the problem;
 - document the extent to which the service would solve the problem; and
 - provide additional supporting documentation.
 - Identify documentation pertaining to one of the three need criteria and identify how they quantify the problem:

The most competitive applications will address a serious threat to the health, safety or well-being of the proposed beneficiaries. Applications with quantitative documentation of the problem may be more competitive. Such documentation could include, but not be limited to, waiting list information and data from government agencies. In rating and ranking the proposed activities, the Department will assign points based on the relative severity of problems among all applications.

D. READINESS:

An applicant can demonstrate an increased level of capacity by completing and documenting actions that make the proposed project or program more ready to proceed. Readiness must be directly related to a specific activity and may include the completion of the grant special conditions, including completion of environmental review requirements, securing site control, obtaining documented commitments from funding sources, a properly procured program operator, or any other documentation that would support that the applicant is ready to proceed with the program or project.

PUBLIC FACILITIES - Instructions

1. Activity Administrator:

How will this activity be administered? (*Check all that apply.*)

- In-house:
 - Include supporting documentation to show grantee staff experience.
 - **Note:** Full points under this criteria will be awarded only for inclusion of both resumes and duty statements that demonstrates capability or experience to administer CDBG funds.
- Subrecipient:
 - Provide a draft or executed subrecipient agreement.
- Procured:
 - Descriptions of experience administering CDBG grants.
 - If an administrator has already been procured, specify if procurement procedures were followed, per 24 CFR 85.36 and the CDBG Grant Management Manual Chapter 8.
 - Indicate the procurement method used.
- If a combination will be used, describe and provide the documentation used as noted above.

2. Environmental Review:

Check the appropriate box(es) for the environmental documents that will be necessary for the activity. Submit the documentation required. Refer to Appendix D and the Grant Management Manual (GMM) Chapter 3 for forms and instructions.

http://www.hcd.ca.gov/fa/cdbg/manual/Chapter_3-Environmental_Review_Requirements.pdf

3. Site Control:

Check the appropriate box(es), submit the documentation required.

Note: Applicants **must not** make a choice-limiting action. Choice-limiting actions include executing a sales or lease agreement for purchase of land (however, an option to purchase or lease is an allowable action) or executing a construction contract **prior** to conducting an objective environmental review and obtaining release of CDBG funds for a proposed activity.

4. Other Readiness Documentation:

Check the appropriate box(es), submit the documentation required and write in the page number in the application where the documentation may be found. A list of acceptable readiness items is included in the activity table of contents.

For any additional readiness documentation, add rows to the table of contents and the page where support documentation can be found.

5. Sources and Uses Chart:

For each activity, applicants must identify the totality of all resources that are anticipated to be utilized in carrying out a specific activity. On the Funding Sources Chart:

PUBLIC FACILITIES - Instructions

- Under “Uses”, identify cost categories applicable to the proposed activity.
- Examples include acquisition, plans and specs, fees, construction and other related costs.
- Fill out the columns to the right of the costs with the anticipated resources, by total dollar amount.
- Include the appropriate resource documentation and note the page(s) on the activity-specific Table of Contents under “Sources and Uses”.

PUBLIC FACILITIES - Forms

PUBLIC FACILITIES TABLE OF CONTENTS

**Click on the box, drop-down menu or text box to enter information.*

ACTIVITY	SELECT	DOCUMENTATION	PAGE(S)
Public Facility Forms (all pgs)	Select		
Sources and Uses Form	Select		
PF Leverage Documentation	Select		
STATE OBJECTIVES			
Claimed in Application Summary Section H	Select		
BENEFIT			
Service Area Documentation	Select		
Beneficiary Documentation	Select		
NEED			
Current Level of Service	Select		
Need Determination- Proposed Beneficiaries	Select		
Need Determination- Existing Beneficiaries	Select		
Need Determination- Unmet Demand	Select		
Availability of Similar Services	Select		
Description – Service Not Provided	Select		
Description - Service Will Solve Need	Select		
Need Documentation	Chart		
READINESS			
Activity Administrator	Select	Select	
Environmental Finding Form	Select		
Form 58.6	Select		
Statutory Worksheet	Select		
Environmental Assessment	Select		
SHPO Letter	Select		
Ready to Publish Notice ()	Select		
Ready to Sign RROF	Select		
Program Income Reuse Plan	Select	Select	
Anti-Displacement/Relocation Plan	Select		
Site Control	Select	Select	
Project Timeline	Select		

PUBLIC FACILITIES - Forms

Use Limitation Agreement	Select	Select	
Architect/Engineer	Select	Select	
Plans and Specs	Select	Select	
Bid Package	Select	Select	
Local Approvals	Select	Select	
Cost Estimate	Select	Select	
Other Readiness:			

PUBLIC FACILITIES - Forms

A. ACTIVITY INFORMATION:

1. How much is being requested for this activity?

\$_____ = \$_____ + \$_____

Total \$\$ Requested for this Activity = Activity \$\$+Activity Delivery \$\$

2. How will the requested CDBG funds be used?

a. Type of Project. *Select all that apply.*

	w/CDBG funding	w/other funding
<input type="checkbox"/> Acquisition	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> New Construction	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe): _____		

b. Type of Public Facility. *Select only one.*

- ☐ Senior Center (03A)
- ☐ Centers for the Disabled/Handicapped (03B)
- ☐ Homeless Facility - not operating costs (03C)
- ☐ Youth Center/Facility (03D)
- ☐ Neighborhood Facilities (03E)
- ☐ Parks, Recreational Facilities (03F)
- ☐ Parking Facilities (03G)
- ☐ Solid Waste Disposal Facilities (03H)
- ☐ Flood and Drainage Facilities (03I)
- ☐ Other (specify): _____

3. How many Public Services will be provided at this facility?

☐ One Public Service: List: _____

☐ More than one Public Service: List all: _____

*If more than one Public Service will be conducted within the proposed facility, the applicant **must** complete one set of activity “**NEED**” forms (Section B) for **each** proposed service.*

☐ Public Service Activity(s), as noted above, and other non-public service activities. Explain: _____

PUBLIC FACILITIES - Forms

4. **What type of Public Service will be provided at this facility?** *Check all that apply.*

- | | |
|--|--|
| <input type="checkbox"/> Senior Services (05A) | <input type="checkbox"/> Tenant/Landlord Counseling (05K) |
| <input type="checkbox"/> Services for the Disabled (05B) | <input type="checkbox"/> Child Care Services (05L) |
| <input type="checkbox"/> Legal Services (05C) | <input type="checkbox"/> Health Services (05M) |
| <input type="checkbox"/> Youth Service (05D) | <input type="checkbox"/> Abused & Neglected Children (05N) |
| <input type="checkbox"/> Transportation Services (05E) | <input type="checkbox"/> Mental Health Services (05O) |
| <input type="checkbox"/> Substance Abuse Services (05F) | <input type="checkbox"/> Screening for Lead (05P) |
| <input type="checkbox"/> Battered & Abused Spouses (05G) | <input type="checkbox"/> Subsistence Payments (05Q) |
| <input type="checkbox"/> Employment Training (05H) | <input type="checkbox"/> Security Deposits (05T) |
| <input type="checkbox"/> Crime Awareness (05I) | <input type="checkbox"/> Homeless/AIDS Programs (03T) |
| <input type="checkbox"/> Fair Housing (05J) | <input type="checkbox"/> Other Public Services (05) |

(Specify): _____

5. **Where will this public facility be located?**

Does the Applicant currently have site control?

☐ Yes

Supporting Documentation on page(s): _____

☐ No

6. **Description of Project:** *(See instructions. Include description of structure and type of rehabilitation or construction proposed)*

7. **Who will be the Activity Administrator?** *Check all that apply.*

- ☐ Jurisdiction (Applicant)
- ☐ Consultant/Contractor (For-Profit entity)
- ☐ Non-Profit as Subrecipient
- ☐ CHDO (Recognized Community Housing Development Organization)
- ☐ Another unit of local government
- ☐ Another public agency
- ☐ Non-Profit's not acting as Subrecipient
- ☐ Faith-based organization
- ☐ Institution of higher education

Name of all agencies/organizations indicated above:

- a) _____
- b) _____
- c) _____
- d) _____

PUBLIC FACILITIES - Forms

8. **Timeline/Schedule/Milestones:**

Indicate significant milestone accomplishments and the proposed date of completion. If awarded, these will become the contract expenditure milestones.

Activity Milestones		
	Description of Accomplishment	Proposed Date of Attainment
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

B. **BENEFIT**

1. **Service Area:** (Check only one.)

☐ Entire Jurisdiction

☐ Target Area(s):

- TIG benefit for a target area **must** contain information/ documentation as to how only those within the Target Area will benefit from the activity. Page(s): _____

All applicants: Identify the Service Area(s) by Census Tract(s) and Block Group(s) in the table below and list the page(s) where the Census Tract/ Block Group Map(s) may be found in this application. Page(s): _____

Census Tract	Census Tract	Census Tract	Census Tract	Census Tract	Census Tract
Block Group(s)	Block Group(s)	Block Group(s)	Block Group(s)	Block Group(s)	Block Group(s)

2. **Beneficiaries (people):**

☐ Income Restricted (100 percent TIG). Documentation on Page: _____

☐ Limited Clientele (List type): _____ Documentation on Page: _____

☐ Primarily TIG (List % of total): _____

☐ Based on HUD Low/Mod charts. Charts on Page: _____

☐ Based on Income Survey, Survey results on page(s) _____

PUBLIC FACILITIES - Forms

(This applies to services open to all residents in the service area, where at least 51% of the residents are TIG)

Note: Activities with 90% TIG benefit and above will receive the full 300 points for Benefit.

3. Number of people who will benefit:

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTAL # of People

C. NEED FOR ACTIVITY:

If more than one public service will be conducted at the proposed facility, the applicant must complete one set of activity "NEED" forms for each proposed service.

1. Is the applicant also requesting CDBG funding for the proposed public service(s) at this facility?

☐ Yes ☐ No

2. What level of service needed?

☐ A new service.
Supporting Documentation on page(s): _____

☐ An existing service to be continued, but for which funding has been or will be decreased.

- Currently funded by: _____
- Describe current financial situation: _____
- Page(s) current financial statement located in application: _____
- Date all existing funding will end: _____

Supporting Documentation on page(s): _____

☐ An existing service to be increased.

- Currently funded by: _____
- Describe current financial situation: _____
- Anticipated increase in service: _____ %
- Page(s) current financial statement located in application: _____
- Page(s) where quantification documentation is included: _____

Supporting Documentation on page(s): _____

PUBLIC FACILITIES - Forms

3. How was the need for this Activity determined?

- ☐ Need survey of **proposed** Beneficiaries
- Proposed to serve: _____ (#)
 Per: ☐Day ☐Week ☐Month
Supporting Documentation on page(s): _____
- ☐ Need survey of **existing** Beneficiaries
- Currently serve: _____ (#)
 Per: ☐Day ☐Week ☐Month
Supporting Documentation on page(s): _____
- ☐ Unmet demand
- People on a waiting list: _____ (#)
 Per: ☐Day ☐Week ☐Month
 - People turned away: _____ (#)
 Per: ☐Day ☐Week ☐Month
 - Other (*describe*): _____
Supporting Documentation on page(s): _____

4. Are there similar services currently being provided within the community?

- ☐ No. *If no, skip to next question.*
- ☐ Yes.
- If yes, where are they being provided? _____
Include a map with the location(s) of similar services.
Supporting Documentation on page(s): _____
 - If yes, are there any special impediments for TIG households to access the existing services?
☐ No. *If no, skip to next question..*
☐ Yes.
 - If yes, what are the impediments? *Check all that apply and describe each one.*

☐ Transportation: _____
☐ ADA access: _____
☐ Other: _____

Supporting Documentation on page(s): _____

5. Describe the problem if is this service is not provided, continued or expanded. _____

6. Describe the need for the acquisition, construction or rehabilitation of the facility. _____

7. Explain how and to what extent the proposed activity will solve the problem. _____

8. Additional supporting documentation for this specific Public Service.

- Letters from Non-Profit Organization(s)

PUBLIC FACILITIES - Forms

Supporting Documentation on page(s): _____

- News articles regarding the need for the service.

Supporting Documentation on page(s): _____

- Third-party letters describing the direct **health and safety** impact.

Supporting Documentation on page(s): _____

- Documentation to support the need(s) must be less than 5 years old.
- Note the page numbers, in this application, where documentation can be found.

Note: For lengthy reports/studies, please include the cover page, executive summary and only the pages needed to support the need for the Public Services.

PUBLIC FACILITIES - Forms

NEED DOCUMENTATION MATRIX

**Click on the box, drop-down menu or text box to enter information.*

Source	Type of Documentation	Quantification	Page # (in app.)
DOCUMENTATION SUPPORTING SEVERITY OF PROBLEM ADDRESSED			
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
DOCUMENTATION OF THE EXTENT TO WHICH THE PROPOSED SERVICE(S) WOULD SOLVE THE PROBLEM			
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
ADDITIONAL THIRD PARTY SUPPORTING DOCUMENTATION			
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	
Select	Select	Select	

PUBLIC FACILITIES - Forms

D. READINESS:

1. **Activity Administrator:**

If funded, how will this activity be administered?

- ☐ In-house Staff Only (Attach resumes and duty statements of staff that will be performing the work.)
- ☐ Subrecipient Agreement:
☐ Draft ☐ Executed ☐ Other: _____
☐ Term of the agreement: _____
- ☐ Procured Administrator(s) (per 24 CFR 85.36 and the GMM Chapter 8):
☐ Per Small Purchase Authority
☐ By Competitive Proposal
☐ By Non-Competitive/Sole-Source
Department approval documentation, pages: _____
☐ Term of the agreement: _____
- ☐ Combination of the above. Describe: _____

2. **Environmental Review:** *(Check all applicable.)*

- ☐ Environmental Finding Form (EFF)
☐ Form 58.6
☐ Statutory Worksheet
☐ Environmental Assessment
☐ SHPO Letter
☐ Ready to Publish Notice ()
☐ Ready to Sign Request for Release of Funds (RROF)

3. **Site Control:**

- | Draft | Executed | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | City/County owned site |
| <input type="checkbox"/> | <input type="checkbox"/> | Purchase Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Option to Purchase |
| <input type="checkbox"/> | <input type="checkbox"/> | Option to Lease |
| <input type="checkbox"/> | <input type="checkbox"/> | Leasehold Interest |
| <input type="checkbox"/> | <input type="checkbox"/> | Deed of Trust |
| <input type="checkbox"/> | <input type="checkbox"/> | Other documentation of Site Control – List |
- _____

4. **Other Readiness Documentation Provided:**

- ☐ Sources and Uses Form
☐ Program Income Reuse Plan
☐ Anti-displacement and Relocation Plan
☐ Project Timeline
☐ Use Limitation Agreement
☐ Architect/Engineer

PUBLIC FACILITIES - Forms

- ☐ Plans and Specs
- ☐ Bid Package
- ☐ Local Approvals (Use Permit or Zoning)
- ☐ Cost Estimate from Engineer/Architect
- ☐ Draft Use Limitation Agreement
- ☐ Other: _____

PUBLIC FACILITIES - Forms

PUBLIC FACILITIES– ALL FUNDING SOURCES

USES	SOURCES							
Activity Cost Categories	STATE OR FEDERAL				LEVERAGE			
	State CDBG	Program Income	Other State Funds	Federal Funds	Local Funds	Private	Identify Leverage	Totals:
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
Totals:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

PUBLIC IMPROVEMENTS - Instructions

A. ACTIVITY INFORMATION:

Each activity section begins with an activity-specific Table of Contents, which:

- Provides the order in which each activity section must be organized and submitted; and
- Provides a checklist to ensure that all required activity-specific documentation is included in the application; and
- Must be completed and submitted as the first page of the activity-specific forms and documentation.

>>Refer to NOFA for additional information on eligible and ineligible activities and needs scoring<<

1. How much is being requested for this activity?

Indicate the total dollar amount that is being requested for this specific activity. Then break out the amount that will be used for the actual Activity and that which will be used for Activity Delivery.

Total Requested for this Activity = (Activity \$\$) + (Activity Delivery \$\$)

2. What type of Public Improvement is being proposed?

Check the type of activity that is being proposed. For more in-depth descriptions of eligible activities, please refer to the information provided by HUD at:

<http://www.hud.gov/offices/cpd/communitydevelopment/library/stateguide/ch2.pdf>

3. Location of site(s) where activity will occur.

Indicate the specific location where the activity will occur. Check the appropriate box if the jurisdiction has site control of the location and provide documentation under the Readiness section. Also provide a map indicating the location of the project.

4. Description of activity.

- Provide a brief narrative description of the proposed activity. The narrative should include specific information on who, what, when, where and how. Priority for this activity should be based on an urgent health and safety need.
- Please describe the entire project and how the CDBG-funded portion fits into the project.
- Remember that the completion of construction and use of the services by the beneficiaries must occur by the CDBG contract expiration date.

5. Who will carry out this activity?

PUBLIC IMPROVEMENTS - Instructions

For this specific activity, who will be in charge of administering the project? If it will be a combination, check all appropriate boxes and list name(s), as indicated.

6. What are the Milestones associated with this activity?

Indicate significant milestone accomplishments and the proposed date of completion. If awarded, these will become the contract expenditure milestones.

B. BENEFIT:

1. Service Area.

Will the proposed Activity benefit the entire Jurisdiction, or will the Public Services primarily benefit a Targeted Area of the Jurisdiction?

- For a Target Area, list the Census Tract(s) and Block Group(s) for the proposed area.
- For Target Areas, a map must be provided showing the exact boundaries of the area being served.

Failure to provide accurate, readable maps that show the exact Census Tract(s) and/or Block Group(s), or boundaries of the service area(s) with the application will result in no points being awarded under this section.

2. Beneficiaries.

Who will benefit from this activity.

3. Number of beneficiaries.

Under each column, identify the proposed number of people who will benefit by each specific income group.

C. NEED FOR ACTIVITY:

1. Describe the need(s) this activity will address.

The most competitive applications will address and document severe health and safety needs.

2. How was the need determined? Check the boxes that best describe how the need is documented. The most competitive applications may include documentation such as:

- Cease-and-Desist or Boil Water orders;
- Third-party regulatory agencies;
- Letters or documentation listing non-compliance issues;
- Survey(s) of intended beneficiaries regarding their unmet public

PUBLIC IMPROVEMENTS - Instructions

improvement needs and the impacts of not having the facility or service.

Failure to provide supporting documentation with the application will result in no points being awarded under this section.

3. How will CDBG funds eliminate/improve the problem?

Give specific examples of how the proposed project will eliminate/improve the problem.

4. Financial systems to operate and maintain the improvement.

Give a detailed description of how the infrastructure improvement(s) will be maintained and what local source of funds will pay for the maintenance.

- **Example:** The City has established a rate system and reserve fund plan that was approved by the Department of Health Services which provides for on-going operations and maintenance costs plus reserves for system replacement as the useful life of different components expires.

5. Additional supporting documentation.

Third-party documentation of the need is a critical element of a successful public improvement application. The applicant should obtain as many Third-party letters and documentation as possible. The letters/documentation should describe and discuss the proposed activity. The best letters/documentation will also “quantify” the problem by including specifics, such as restricted flows, supply deficiencies or water quality problems.

Note: For lengthy reports/studies, please include the cover page, executive summary and only the pages needed to support the need for the specific Public Improvements that are proposed.

Contact your jurisdiction’s CDBG representative with questions or clarifications about documentation that can be used for this section.

D. READINESS:

An applicant can demonstrate an increased level of capacity by completing and documenting actions that make the proposed project or program more ready to proceed. Readiness must be directly related to a specific activity and may include the completion of the grant special conditions, including completion of environmental review requirements, securing site control, obtaining documented commitments from funding sources, a properly procured program operator, or any other documentation that would support that the applicant is ready to proceed with the program or project.

1. Activity Administrator.

PUBLIC IMPROVEMENTS - Instructions

How will this activity be administered? (*Check all that apply.*)

- In-house:
 - Include supporting documentation to show grantee staff experience.
 - **Note:** Full points under this criteria will be awarded only for inclusion of both resumes and duty statements that demonstrates capability or experience to administer CDBG funds.
- Subrecipient:
 - Provide a draft or executed subrecipient agreement.
- Procured:
 - Descriptions of experience administering CDBG grants.
 - If an administrator has already been procured, specify if procurement procedures were followed, per 24 CFR 85.36 and the CDBG Grant Management Manual Chapter 8.
 - Indicate the procurement method used.
- If a combination will be used, describe and provide the documentation used as noted above.

2. **Environmental Review.**

Check the appropriate box(es) for the environmental documents that will be necessary for the activity. Submit the documentation required. Refer to Appendix D and the Grant Management Manual (GMM) Chapter 3 for forms and instructions.

http://www.hcd.ca.gov/fa/cdbg/manual/Chapter_3-Environmental_Review_Requirements.pdf

3. **Site Control:**

Check the appropriate box(es), submit the documentation required.

4. **Other Readiness Documentation.**

Check the appropriate box(es), submit the documentation required and write in the page number in the application where the documentation may be found. A list of acceptable readiness items is included in the activity table of contents. For any additional readiness documentation, add rows to the table of contents and the page where support documentation can be found.

5. **Sources and Uses Chart.**

For each activity, applicants must identify the totality of all resources that are anticipated to be utilized in carrying out a specific activity. On the Funding Sources Chart:

- Under “Uses”, identify cost categories applicable to the proposed activity.
- Examples include acquisition, plans and specs, fees, construction and other related costs.
- Fill out the columns to the right of the costs with the anticipated resources, by total dollar amount.
- Include the appropriate resource documentation and note the page(s) on the activity-specific Table of Contents under “Sources and Uses”.

PUBLIC IMPROVEMENTS - Forms

PUBLIC IMPROVEMENTS TABLE OF CONTENTS

**Click on the box, drop-down menu or text box to enter information.*

ACTIVITY	SELECT	DOCUMENTATION	PAGE(S)
Public Improvement Forms (all pages)	Select		
Activity Sources and Uses	Select		
PI Leverage Documentation	Select		
STATE OBJECTIVES			
Claimed in Application Summary Section H	Select		
BENEFIT			
Service Area Documentation	Select		
Beneficiary Documentation	Select		
NEED			
Regulatory Agency Order(s)	Select		
Regulatory Agency Order(s)	Select		
Enforcement Agency Letter	Select		
On Waiting List for Other Funding	Select		
Study Documentation	Select		
Supplemental Information (list): _____	Select		
READINESS			
Activity Administrator	Select	Select	
Environmental Finding Form	Select		
Form 58.6	Select		
Statutory Worksheet	Select		
Environmental Assessment	Select		
SHPO Letter	Select		
Ready to Publish Notice (NOI/RROF)	Select		
Ready to Sign (RROF)	Select		
Site Control	Select	Select	
All Financing in Place	Select		
Timeline	Select		
Cost Estimate	Select	Select	
Plans and Specifications	Select		

PUBLIC IMPROVEMENTS - Forms

Bid Package	Select		
Contractor List	Select		
Local Approvals	Select	Select	
Other Readiness	Select		

PUBLIC IMPROVEMENTS - Forms

A. ACTIVITY INFORMATION:

1. How much is being requested for this activity?

\$_____ = \$_____ + \$_____

Total \$\$ Requested for this Activity = Activity \$\$+Activity Delivery \$\$

2. How will the requested CDBG funds be used?

a) Type of Project:

- ☐ Water/Sewer Improvements (03J)
- ☐ Street Improvements (03K)
- ☐ Sidewalks (03L)
- ☐ Tree Planting (03N)
- ☐ Payment of Eligible Assessments for Public Improvements
- ☐ Other (describe): _____

b) Is acquisition of Real Property included in this Activity?

☐ Yes ☐ No

3. Location of sites(s) where activity will occur:

Does the Applicant currently have site control?

☐ Yes ☐ No

4. Describe the Activity: *(See instructions.)*

5. Who will be the Activity Administrator? *(Check all that apply.)*

- ☐ Jurisdiction (Applicant)
- ☐ Consultant/Contractor (For-Profit entity)
- ☐ Non-Profit as Subrecipient
- ☐ CHDO (Community Housing Development Organization)
- ☐ Another unit of local government
- ☐ Another public agency
- ☐ Non-Profit's not acting as Subrecipients
- ☐ Faith-based organization
- ☐ Institution of higher education

Name of all agencies/organizations indicated above:

- a) _____
- b) _____
- c) _____
- d) _____

PUBLIC IMPROVEMENTS - Forms

6. **Timeline/Schedule/Milestones:**

Indicate significant milestone accomplishments and the proposed date of completion. If awarded, these will become the contract expenditure milestones.

Activity Milestones		
	Description of Accomplishment	Proposed Date of Attainment
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

B. **BENEFIT:**

1. **Service Area:** *(Check only one.)*

- ☐ Entire Jurisdiction
☐ Target Area(s)

- TIG benefit for a specific area **must** contain information/ documentation as to how only those within the Target Area will benefit from the activity. Page(s): _____

All applicants: Identify the Service Area(s) by Census Tract(s) and Block Group(s) in the table below and list the page(s) where the Census Tract/ Block Group Map(s) may be found in this application. Page(s): _____

Census Tract	Census Tract	Census Tract	Census Tract	Census Tract	Census Tract
_____	_____	_____	_____	_____	_____
Block Group(s)	Block Group(s)	Block Group(s)	Block Group(s)	Block Group(s)	Block Group(s)
_____	_____	_____	_____	_____	_____

2. **Beneficiaries (people):**

- ☐ Income Restricted (100 percent TIG) for Payment of Assessments only.
☐ Primarily TIG (List % of total): _____
 ☐ Based on HUD Low/Mod charts
 ☐ Based on Income Survey.
 Methodology and results on page(s)_____

PUBLIC IMPROVEMENTS - Forms

3. Number of people who will benefit:

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTAL # of People
_____	_____	_____	_____	_____

C. NEED FOR ACTIVITY:

1. Describe the need(s) this activity will address:

2. How was the need for this activity determined?

Documentation

Page(s):

- ☐ Cease and Desist Order
- ☐ Letter from Enforcement Agency
- ☐ Letter from other Funding Agency re: eligibility status
- ☐ Study documenting problem; proposed solution
- ☐ Other: _____

3. Describe how/to what extent CDBG funding will eliminate/improve the problem.

4. Describe the financial systems that will ensure long-term operation and maintenance if this improvement is funded.

5. Additional supporting documentation for this *specific* activity.

- News articles regarding the need for the service.
- Third-party letters describing the direct **health and safety** impact.
- Documentation to support the need(s) must be less than 5 years old.
- Note the page numbers, in this application, where documentation can be found.

Note: For lengthy reports/studies, please include the cover page, executive summary and only the pages needed to support the need for the specific Public Improvements that are proposed.

	Source (Agency, other)	Description of Documentation:	Date of Doc.	Application Page #
1.				
2.				
3.				

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4.				
5.				
6.				

D. READINESS:

1. **Activity Administrator:**

If funded, how will this activity be administered?

- ☐ In-house Staff Only (Attach resumes and duty statements of staff that will be performing the work.)
- ☐ Subrecipient Agreement:
☐ Draft ☐ Executed ☐ Other: _____
☐ Term of the agreement: _____
- ☐ Procured Administrator(s) (per 24 CFR 85.36 and the GMM Chapter 8):
☐ Per Small Purchase Authority
☐ By Competitive Proposal
☐ By Non-Competitive/Sole-Source
Department approval documentation, pages: _____
☐ Term of the agreement: _____
- ☐ Combination of the above. Describe: _____

2. **Environmental Review (check all applicable):**

- ☐ Environmental Finding Form (EFF)
☐ Form 58.6
☐ Statutory Worksheet
☐ Environmental Assessment
☐ SHPO Letter
☐ Ready to Publish Notice ()
☐ Ready to Sign Request for Release of Funds (RROF)

3. **Site Control (Projects only):**

- | | | |
|--------------------------|--------------------------|--|
| Draft | Executed | |
| <input type="checkbox"/> | <input type="checkbox"/> | City/County owned site |
| <input type="checkbox"/> | <input type="checkbox"/> | Purchase Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Option to Purchase |
| <input type="checkbox"/> | <input type="checkbox"/> | Option to Lease |
| <input type="checkbox"/> | <input type="checkbox"/> | Leasehold Interest |
| <input type="checkbox"/> | <input type="checkbox"/> | Deed of Trust |
| <input type="checkbox"/> | <input type="checkbox"/> | Other documentation of Site Control – List |
- _____

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4. Other Readiness Documentation Provided:

- | | |
|--|--|
| <input type="checkbox"/> Plans and Specification | <input type="checkbox"/> Bid Package |
| <input type="checkbox"/> Sources and Uses Form | <input type="checkbox"/> Contractor List |
| <input type="checkbox"/> Financing | <input type="checkbox"/> Local Approvals |
| <input type="checkbox"/> Timeline | |
| <input type="checkbox"/> Cost Estimate | |
| <input type="checkbox"/> Other: _____ | |

PUBLIC IMPROVEMENTS - Forms

PUBLIC IMPROVEMENTS – ALL FUNDING SOURCES

USES	SOURCES							
Activity Cost Categories	STATE OR FEDERAL				LEVERAGE			
	State CDBG	Program Income	Other State Funds	Federal Funds	Local Funds	Private	Identify Leverage	Totals:
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
Totals:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____		\$ _____

PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW CONSTRUCTION (PIHNC) - Instructions

Offsite improvements are eligible under this activity only if they are a condition of approval for the housing project they support, and such condition is supported by documentation.

If such condition of approval was not imposed, then the improvement must be applied for under Public Improvements.

A. ACTIVITY INFORMATION:

Each activity section begins with an activity-specific Table of Contents, which:

- Provides the order in which each activity section must be organized and submitted; and
- Provides a checklist to ensure that all required activity-specific documentation is included in the application; and
- Must be completed and submitted as the first page of the activity-specific forms and documentation.

>>Refer to NOFA for additional information on eligible and ineligible activities and needs scoring<<

1. **How much is being requested for this activity?**

Indicate the total dollar amount that is being requested for this specific activity. Then break out the amount that will be used for the actual Activity and that which will be used for Activity Delivery.

- Total Requested for this Activity = (Activity \$\$) + (Activity Delivery \$\$)

2. **What type of Public Improvement is being proposed?**

Check the type of activity that is being proposed. For more in-depth descriptions of eligible activities, please refer to the information provided by HUD at:

<http://www.hud.gov/offices/cpd/communitydevelopment/library/stateguide/ch2.pdf>

3. **Location of site(s) where activity will occur.**

Indicate the specific location where the activity will occur. Check the appropriate box if the jurisdiction has site control of the location and provide documentation under the Readiness section.

4. **Description of Activity.**

- Provide a brief narrative description of the proposed activity. The narrative should include specific information on who, what, when, where and how. Specify if the improvements will be on-site or off-site.
- Please describe the entire project, including the housing project, and how the CDBG-funded portion fits into the project.
- Include drawings/plans/maps that depict the location of improvements

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and the elements that they are comprised of; such as landscaping, curbs, sidewalks, etc.

- Remember that the completion of the housing project construction and occupancy by the beneficiaries must occur by the CDBG contract expiration date.

5. Who will carry out this activity?

For this specific activity, who will be in charge of administering the project. If it will be a combination, check all appropriate boxes and list name(s), as indicated.

6. What are the Milestones associated with this activity?

Indicate significant milestone accomplishments and the proposed date of completion. If awarded, these will become the contract expenditure milestones.

B. BENEFIT:

1. Service Area.

Will the proposed Activity benefit the entire Jurisdiction, or will the Public Services primarily benefit a Targeted Area of the Jurisdiction?

- For a Target Area, list the Census Tract(s) and Block Group(s) for the proposed area.
- For Target Areas, a map must be provided showing the exact boundaries of the area being served.

Failure to provide accurate, readable maps that show the exact Census Tract(s) and/or Block Group(s), or boundaries of the service area(s) with the application will result in no points being awarded under this section.

2. Types of Beneficiaries.

Who will benefit from this activity?

3. Number of Beneficiaries.

Under each column, identify the proposed number of people who will benefit by each specific income group.

C. NEED FOR ACTIVITY:

Failure to provide the documentation for Items 1, 2 and 3 below with the application may result in no points being awarded under this section.

1. Renter Overpayment.

From the 2000 US Census Summary File 3, Table DP-4, "Gross Rent as Percentage of Household Income", indicate the percentage of renter-

PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW CONSTRUCTION (PIHNC) - Instructions

occupied households paying more than 25 percent of their income for housing. Copy the table used, note your calculations on the table and include the table and calculations in the application.

2. Overcrowding.

A housing unit is determined to be overcrowded when there are 1.01 or more occupants per room (excluding bathrooms and kitchens). The information in this table is based on the 2000 US Census Summary File 3, Table DP-4, "Occupants Per Room". The total includes owner-occupied units **and** renter-occupied units. Each Target Area will require a separate census table that includes only the applicable census tract(s)/block group(s). Copy the "Occupants Per Room" table, note the calculations on the table and include the table and calculations in the application.

3. Vacancy Rates.

From the 2000 US Census Summary File 1, Table DP-1, "Homeowner and Renter Vacancy Rates", indicate the vacancy rate for owner-occupied units and the vacancy rate for renter-occupied units. Copy the table and include it in the application.

4. Other Supporting Need Documentation.

The Department will also use the Regional Housing Need Allocation data for Low-Mod Income persons in determining the need for this activity.

5. Supplemental Information.

This section is used to provide information being rebutted and/or not captured in the 2000 Census and/or your Housing Element with regards to the community's worsened condition of housing and/or worsened overcrowding needs. The Worsened Condition must be **specific and unique to your jurisdiction**.

For example, if the Census data for Age of Housing Stock and Overcrowding do not accurately depict the community's need in those categories, please attach third-party documentation, if available, showing the community's worsened needs in either of these two categories and indicate the page numbers where the documentation can be found. Such supplemental information shall not be older than five years from this year's application filing date and must be specific to the community.

D. READINESS:

An applicant can demonstrate an increased level of capacity by completing and documenting actions that make the proposed project or program more ready to proceed. Readiness must be directly related to a specific activity and may include the completion of the grant special conditions, including completion of environmental review requirements, securing site control, obtaining documented commitments from funding sources, a properly procured program operator, or any other documentation that would support that the applicant is ready to

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proceed with the program or project.

1. **Activity Administrator.**

How will this activity be administered? *(Check all that apply.)*

- In-house:
 - Include supporting documentation to show grantee staff experience.
 - **Note:** Full points under this criteria will be awarded only for inclusion of both resumes and duty statements that demonstrates capability or experience to administer CDBG funds.
- Subrecipient:
 - Provide a draft or executed subrecipient agreement.
- Procured:
 - Descriptions of experience administering CDBG grants.
 - If an administrator has already been procured, specify if procurement procedures were followed, per 24 CFR 85.36 and the CDBG Grant Management Manual Chapter 8.
 - Indicate the procurement method used.
- If a combination will be used, describe and provide the documentation used as noted above.

2. **Environmental Review.**

Check the appropriate box(es) for the environmental documents that will be necessary for the activity. Submit the documentation required. Refer to Appendix D and the Grant Management Manual (GMM) Chapter 3 for forms and instructions.

http://www.hcd.ca.gov/fa/cdbg/manual/Chapter_3-Environmental_Review_Requirements.pdf

3. **Site Control.**

Check the appropriate box(es), submit the documentation required.

Note: Applicants **must not** make a choice-limiting action. Choice-limiting actions include executing a sales or lease agreement for purchase of land (however, an option to purchase or lease is an allowable action) or executing a construction contract **prior** to conducting an objective environmental review and obtaining release of CDBG funds for a proposed activity.

4. **Other Readiness Documentation.**

Check the appropriate box(es), submit the documentation required and write in the page number in the application where the documentation may be found. A list of acceptable readiness items is included in the activity table of contents.

For any additional readiness documentation, add rows to the table of contents and the page where support documentation can be found.

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5. Sources and Uses Chart.

For each activity, applicants must identify the totality of all resources that are anticipated to be utilized in carrying out a specific activity. On the Funding Sources Chart:

- Under “Uses”, identify cost categories applicable to the proposed activity.
- Examples include acquisition, plans and specs, fees, construction and other related costs.
- Fill out the columns to the right of the costs with the anticipated resources, by total dollar amount.
- Include the appropriate resource documentation and note the page(s) on the activity-specific Table of Contents under “Sources and Uses”.

PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW CONSTRUCTION (PIHNC) - Forms

PIHNC TABLE OF CONTENTS

**Click on the box, drop-down menu or text box to enter information.*

ACTIVITY	SELECT	DOCUMENTATION	PAGE(S)
PIHNC Forms (all pages)	Select		
Activity Sources and Uses	Select		
PIHNC Leverage Documentation	Select		
Conditions of Approval Documentation	REQUIRED		
STATE OBJECTIVES			
Claimed in Application Summary Section H	Select		
BENEFIT			
Service Area Documentation	Select		
Beneficiary Documentation	Select		
NEED			
Renter Overpayment	Select		
Overcrowding	Select		
Vacancy Rates	Select		
On Waiting List for Other Funding	Select		
Supplemental Information (list): _____	Select		
READINESS			
Activity Administrator	Select	Select	
Environmental Finding Form	Select		
Form 58.6	Select		
Statutory Worksheet	Select		
Environmental Assessment	Select		
SHPO Letter	Select		
Ready to Publish Notice (NOI/RROF)	Select		
Ready to Sign (RROF)	Select		
Site Control	Select	Select	
All Financing in Place	Select		
Project Timeline	Select		
Cost Estimate	Select		
Local Approvals	Select	Select	

PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW CONSTRUCTION (PIHNC) - Forms

Sources and Uses Form	Select		
Plans and Specifications	Select		
Bid Package	Select		
Other:	Select		

PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW CONSTRUCTION (PIHNC) - Forms

A. ACTIVITY INFORMATION:

1. How much is being requested for this activity?

\$_____ = \$_____ + \$_____

Total \$\$ Requested for this Activity = Activity \$\$+Activity Delivery \$\$

2. How will the requested CDBG funds be used?

a) Type of Project:

- ☐ Water/Sewer Improvements (03J)
- ☐ Street Improvements (03K)
- ☐ Sidewalks (03L)
- ☐ Tree Planting (03N)
- ☐ Payment of Eligible Assessments for Public Improvements
- ☐ Other (describe): _____

b) What type of improvements?

- ☐ On-site Improvements ☐ Off-Site Improvements

c) Is acquisition of Real Property included in this Activity?

- ☐ Yes ☐ No

3. Location of sites(s) where activity will occur:

Does the Applicant have site control?

- ☐ Yes ☐ No

4. Describe the Activity: *(See instructions.)*

5. Who will be the Activity Administrator? *(Check all that apply.)*

- ☐ Jurisdiction (Applicant)
- ☐ Consultant/Contractor (For-Profit entity)
- ☐ Non-Profit as Subrecipient
- ☐ CHDO (Recognized Community Housing Development Organization)
- ☐ Another unit of local government
- ☐ Another public agency
- ☐ Non-Profit's not acting as Subrecipients
- ☐ Faith-based organization
- ☐ Institution of higher education

Name of all agencies/organizations indicated above:

- a) _____
- b) _____
- c) _____
- d) _____

PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW CONSTRUCTION (PIHNC) - Forms

6. **Timeline/Schedule/Milestones:**

Indicate significant milestone accomplishments and the proposed date of completion. If awarded funds, these milestones will be included in the contract language as expenditure milestones.

Activity Milestones		
	Description of Accomplishment	Proposed Date of Attainment
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

B. **BENEFIT:**

1. **Service Area:** (Check only one.)

- ☐ Entire Jurisdiction
☐ Target Area(s)

All applicants: Identify the Service Area(s) by Census Tract(s) and Block Group(s) in the table below and list the page(s) where the Census Tract/ Block Group Map(s) may be found in this application. Page(s): _____

Census Tract	Census Tract	Census Tract	Census Tract	Census Tract	Census Tract
_____	_____	_____	_____	_____	_____
Block Group(s)	Block Group(s)	Block Group(s)	Block Group(s)	Block Group(s)	Block Group(s)
_____	_____	_____	_____	_____	_____

2. **Beneficiaries (people):**

- ☐ Income Restricted (100 percent TIG) for Payment of Assessments only.
☐ Primarily TIG (List % of total): _____
 ☐ Based on HUD Low/Mod charts on Page _____
 ☐ Based on Income Survey.
 Survey methodology and results on page(s) _____

PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW CONSTRUCTION (PIHNC) - Forms

3. Number of people who will benefit:

81% and Above (Non-TIG)	Between 51% - 80% (TIG)	Between 31% - 50% (LTIG)	Below 30% (Extremely LTIG)	TOTAL # of People
_____	_____	_____	_____	_____

C. **NEED FOR NEW UNITS:** Carry out all percents to two decimal points, e.g. 32.68 %.

1. **Renter Overpayment:**

From the 2000 US Census Summary File 3, Table DP-4, "Gross Rent as Percentage of Household Income", indicate the percentage of renter-occupied households paying more than 25 percent of their income for housing. _____%

Copy the table used, note your calculations on the table and include the table and calculations in the application.

Table and calculations on Page(s): _____

2. **Overcrowding:**

A housing unit is determined to be overcrowded when there are 1.01 or more occupants per room. From the 2000 US Census Summary File 3, Table DP-4, "Occupants Per Room", indicate the overcrowding percentage: _____%

Copy the "Occupants Per Room" table, note the calculations on the table and include the table and calculations in the application.

Table and calculations on Page(s): _____

3. **Vacancy Rates:**

From the 2000 US Census Summary File 1, Table DP-1, "Homeowner and Renter Vacancy Rates", indicate the:

Homeowner Vacancy Rate _____% and Renter Vacancy Rate _____%.

Copy the table and include it in the application.

Table on Page(s): _____

4. **Other Supporting Need Documentation:**

☐ Waiting List. Page(s): _____

☐ Market Study. Page(s): _____

☐ Applicant has applied to another funding agency for all or a portion of this activity.
Name of agency: _____

Are you on the other agency's waiting list? ☐ **Yes** ☐ **No**

PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW CONSTRUCTION (PIHNC) - Forms

☐ Other (describe): _____

Page(s): _____

5. **Supplemental Information:**

This section is used to provide information being rebutted and/or not captured in the 2000 Census and/or your Housing Element with regards to the community's worsened condition of housing and/or worsened overcrowding needs. Provide all information that is requested.

Check if providing supplemental information for:

☐ Worsened Condition of Housing

☐ Worsened Housing Overcrowding

a) Describe the worsened condition:

b) Describe how this issue is specific to your community?

c) List:

- Third-party documentation (must be less than 5 years old) that is being submitted to support the worsened condition(s), **AND**
- The time period that the documentation supports as worsened (e.g. Earthquake on 1/1/08; Fire from 3/13/08-5/17/08, etc.), **AND**
- The page numbers, in this application, where documentation can be found.

Note: For lengthy reports/studies, please include the cover page, executive summary and only the pages needed to support worsened conditions.

	Source (Agency, other)	Description of Documentation:	Date of Doc.	Application Page #
1.				
2.				
3.				
4.				
5.				
6.				

PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW CONSTRUCTION (PIHNC) - Forms

D. READINESS:

1. **Activity Administrator:**

If funded, how will this activity be administered?

- ☐ In-house Staff Only (Attach resumes and duty statements of staff that will be performing the work.)
- ☐ Subrecipient Agreement:
☐ Draft ☐ Executed ☐ Other: _____
☐ Term of the agreement: _____
- ☐ Procured Administrator(s) (per 24 CFR 85.36 and the GMM Chapter 8):
☐ Per Small Purchase Authority
☐ By Competitive Proposal
☐ By Non-Competitive/Sole-Source
 Department approval documentation, pages: _____
☐ Term of the agreement: _____
- ☐ Combination of the above. Describe: _____

2. **Environmental Review:** *(Check all applicable.)*

- ☐ Environmental Finding Form (EFF)
- ☐ Form 58.6
- ☐ Statutory Worksheet
- ☐ Environmental Assessment
- ☐ SHPO Letter
- ☐ Ready to Publish Notice ()
- ☐ Ready to Sign Request for Release of Funds (RROF)

3. **Site Control (projects only):**

- | Draft | Executed | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | City/County owned site |
| <input type="checkbox"/> | <input type="checkbox"/> | Purchase Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Option to Purchase |
| <input type="checkbox"/> | <input type="checkbox"/> | Option to Lease |
| <input type="checkbox"/> | <input type="checkbox"/> | Leasehold Interest |
| <input type="checkbox"/> | <input type="checkbox"/> | Deed of Trust |
| <input type="checkbox"/> | <input type="checkbox"/> | Other documentation of Site Control – List |

4. **Other Readiness Documentation Provided:**

- | | |
|--|---|
| <input type="checkbox"/> Sources and Uses Form | <input type="checkbox"/> Architect/Engineer |
| <input type="checkbox"/> Bid Package | <input type="checkbox"/> Plans and Specifications |
| <input type="checkbox"/> Cost Estimate | <input type="checkbox"/> Permits |
| <input type="checkbox"/> Contractor List | <input type="checkbox"/> Other: _____ |

PUBLIC IMPROVEMENTS IN SUPPORT OF HOUSING NEW CONSTRUCTION (PIHNC) - Forms

PIHNC – ALL FUNDING SOURCES

USES	SOURCES							
Activity Cost Categories	STATE OR FEDERAL				LEVERAGE			
	State CDBG	Program Income	Other State Funds	Federal Funds	Local Funds	Private	Identify Leverage	Totals:
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____
Totals:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	_____	\$ _____

HOUSING NEW CONSTRUCTION – Instructions Only

CDBG funds can be used for housing new construction but only in very limited circumstances and the activity must be carried out by certain specific subrecipients.

Housing new construction must meet a national objective-- benefiting low and moderate income persons, eliminating conditions of slums or blight, or meeting a particularly urgent community development need.

Important Note: *Because this activity is very unique, if an applicant would like to apply for a housing new construction activity, please contact a CDBG Representative for further application instructions.*

What circumstances allow housing new construction?

- As “last resort” housing for a displaced person/household (not common) Under 24 CFR Part 42, Subpart I, grantees may construct housing of last resort. Grantees are limited to constructing housing for displacees of a CDBG project, subject to the Uniform Act, when the project is prevented from proceeding because comparable replacement housing is not available otherwise [section 570.207(b)(3)(i)].
- As part of a neighborhood revitalization project (not common) An eligible subrecipient must be undertaking a neighborhood revitalization, community economic development, or energy conservation project with the CDBG funds. Also, the local jurisdiction must determine that the project is necessary or appropriate to achieve its community development objectives.

Neighborhood stabilization programs must be pre-approved by the Department and the status of the CBDO reviewed.

- Who is an eligible subrecipient? The regulations at section 570.204(a) allow for certain "eligible subrecipients" to receive CDBG funds for constructing housing. The eligible subrecipients are described in section 570.204(c) as neighborhood-based nonprofit organizations (NBOs), section 301(d) Small Business Investment Companies (SBICs), and local development corporations (LDCs).
- To receive funding, eligible subrecipients must carry out the project in name and in deed. Although inexperienced eligible subrecipients may need technical assistance from the local jurisdiction, the eligible subrecipient must actually be implementing the activity.

Note: *Except as provided for above, grantees are prohibited under section 570.207(b)(3) from constructing new housing using CDBG funds.*

>>Refer to NOFA for additional information on eligible and ineligible activities and needs scoring<<

10% SET-ASIDE ACTIVITY – Instructions Only

Only one 10% set-aside activity is allowed under this funding cycle per application. The set-aside amount is calculated as 10% of the total amount of grant funds requested.

- Applicants must document and demonstrate that each proposed activity is CDBG-eligible and meets a national objective. The following expenditures are **not** allowable under the 10% set-aside:
 - General Administration
 - Planning Studies
 - Activity Delivery for another activity
 - Additional public services, if the application already includes 5 public service activities.
- All activities must be completed within the term of the grant contract.
- All funds (CDBG and any local program income committed) must be spent prior to contract expiration date.
- The 10% set-aside activity will NOT be competitively rated and ranked. **However, documentation of the set-aside activity shall follow the same procedures for type of activity being proposed, with the exception of the “Need” Section.** Please specify “Set-Aside” on all forms.
 - For example: If the set-aside activity is for Public Improvements, the applicant would follow the instructions and forms for “Public Improvements” activity and include them in the application.
 - The exception to the required information/documentation is the “Need for Activity” portions of the Forms.
- For additional assistance, please contact a CDBG Representative.

10% SET-ASIDE ACTIVITY – Instructions Only

APPENDIX A: CDBG ELIGIBILITY and HOUSING ELEMENT COMPLIANCE

In order to receive CDBG funds, a successful applicant must adopt and submit its housing element according to Government Code (GC) Sections 65585 and 65588 (see California Code of Regulations, Title 25, section 7056(b)).

- The Housing Element Updates Schedule (GC Section 65588) is available on the Department of Housing and Community Development's (Department) website at: http://www.hcd.ca.gov/hpd/hrc/plan/he/he_time.html.
- Please be aware that no city or county is eligible to receive CDBG funds if the city or county has adopted a general plan, ordinance, or other measure that directly limits, by number, the building permits that may be issued for residential construction or the building lots that may be developed for residential purposes (see Health and Safety Code Section 50830). There are certain exceptions to this exclusion, including having a housing element found to be in substantial compliance by the Department.
- The Department no longer will accept a self-certification of housing element compliance. Rather, the Department's Housing Policy Development Division (HPD) will make this determination as of the deadline date.
- The Department encourages jurisdictions to contact and work closely with HPD and CDBG staff in meeting all the statutory deadlines and eligibility requirements.
- **Please refer to the NOFA for the deadline for Housing Element compliance.** For technical assistance with the housing element updates and compliance status, contact Paul McDougall, HPD Manager, at pmcdougall@hcd.ca.gov or by phone at (916) 322-7995. For technical assistance with CDBG eligibility requirements, contact Anda Draghici, CDBG General Program Manager, at adraghici@hcd.ca.gov, or by phone at (916) 319-8064.

APPENDIX B: DETERMINING NATIONAL OBJECTIVES AND BENEFICIARIES

CDBG NATIONAL OBJECTIVE

According to 24 CFR Section 570.483, in order to be eligible for funding, every CDBG activity must meet one of the three National Objectives of the program. Additional information on National Objectives is available on HUD's website at:

<http://www.hud.gov/offices/cpd/communitydevelopment/library/stateguide/ch3.pdf>

The National Objectives are:

1. Benefiting Low- and Moderate-Income Persons; **or**
2. Preventing or Eliminating Slums or Blight; **or**
3. Meeting other community development needs having a particular urgency because of existing conditions that pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available to meet such needs.

Most activities funded under the State CDBG program will meet the National Objective of benefiting low- and moderate-income persons, also known as the "Targeted Income Group" (TIG).

All proposed activities must have a minimum TIG Benefit of 51 percent in order to be eligible for funding. Applications that include activities with higher TIG Benefit will be more competitive during the rating and ranking process.

Targeted Income Group, which includes "Lowest Targeted Income Group (LTIG)," is based on county income limits provided annually by HCD. Targeted Income Group households have incomes that are 80 percent or less of the adjusted area median family income; Lowest Targeted Income Group households have incomes that are at 50 percent or less of the adjusted area median family income.

Each application must contain a discussion of how the proposed project will principally benefit the targeted income group. Failure to adequately demonstrate that the proposed activity will provide such benefit may result in denial of the funds.

BENEFICIARIES

For the general allocation, beneficiaries may be tracked by number of people, housing units or households, depending on the type of activity.

1. Presumed Benefit (Limited Clientele)

HUD has determined that some beneficiaries are generally presumed to be principally low- and moderate-income persons. Activities that exclusively serve a group of persons in any one, or a combination, of the following categories may be presumed to be TIG:

APPENDIX B: DETERMINING NATIONAL OBJECTIVES AND BENEFICIARIES

- A. Beneficiaries with Presumed 100 percent TIG Benefit:
 - Severely disabled adults – (Low TIG)
 - Illiterate adults – (Low TIG)
 - Persons living with AIDS – (Low TIG)
 - Battered spouses – (Low TIG)
 - Abused children (*including direct services only to Foster Children*) – (Extremely Low TIG)
 - Migrant farmworkers – (Low TIG)
 - Homeless persons – (Extremely Low TIG)

- B. Beneficiaries with Presumed 51 percent TIG Benefit:
 - Seniors (over 62 years old) – (TIG) if assistance is to acquire, construct, convert and/or rehabilitate a senior center or to pay for providing center-based senior services.
 - Seniors – (Low TIG) if assistance is for other services (not center-based).
 - If an activity serves a combination of these groups, estimate the number under each group and report those numbers under the appropriate income levels.
 - For activities that will benefit seniors, to demonstrate TIG Benefit of over 51 percent, the application must include an income survey of current or potential future beneficiaries.

2. Targeted Income Group (TIG) Determination

- Each application must provide information on the proposed beneficiaries for each activity, including the Set-Aside activity.
- Beneficiaries whose incomes are 80 percent or less of the county median income are determined to be TIG.
- HUD charts showing county median incomes can be found at:
http://www.hcd.ca.gov/hpd/hrc/rep/state/cdbg_home09.pdf
- Each proposed activity must show the intended beneficiaries by income category, as noted below:

81 percent and Above (Non-TIG) -A-	Between 51 percent - 80 percent (TIG) -B-	Between 31 percent - 50 percent (LTIG) -C-	Below 30 percent (Extremely LTIG) -D-	TOTALS -E-

Note: Proposed activities may not exclude benefit to the LTIG.

APPENDIX B: DETERMINING NATIONAL OBJECTIVES AND BENEFICIARIES

- A. Non-TIG. Enter the proposed number of beneficiaries with incomes 81 percent and above (non-TIG) of the county median income. If CDBG funds will be used on a project where non-TIG will benefit, then show those non-TIG numbers on this chart. If non-TIG will not benefit from a CDBG activity, enter a zero in column A.
- B. TIG. Enter the proposed number of beneficiaries with incomes between 51 percent and 80 percent of the county median income.
- C. Low TIG (LTIG). Enter the proposed number of beneficiaries with incomes between 30 and 50 percent of the county median income.

Applicants may not enter a zero in this column. Proposed activities may not exclude benefit to the LTIG group.

- D. Extremely Low TIG (Extremely LTIG). Enter the proposed number of beneficiaries with incomes less than 30 percent of the county median income.
- E. Totals. Enter the total number of beneficiaries.

3. **Methods for Determining Area TIG Benefit**

- A. Applicants **must use HUD** low- and moderate-income data by census tract and census block group to document low income benefit of the area where the services will be provided. This information is available at:
<http://www.hud.gov/offices/cpd/systems/census/ca/lowmod/nonentitled.xls>
- B. Alternatively, applicants may use a household income survey to document the TIG Benefit for proposed activity. All applicants must follow the Income Survey Instructions included in the Appendices.
<http://www.hcd.ca.gov/fa/cdbg/mmemo/09-02ManagementMemoIncomeSurveys2008.pdf>

Note: Income surveys that rely on a sample of the population, but do not clearly describe and document the random sampling methodology was used, will not be accepted and the Department may use jurisdiction-wide HUD Low/Mod data to determine TIG Benefit.

If the applicant is proposing to use some other source of information to document TIG Benefit, it is recommended that the applicant contact a CDBG Program Representative to ensure the source is acceptable, prior to submittal of an application.

HUD's Low-Mod tables or a valid Income Survey must be used to determine TIG Percentages. Do not use U.S. Census data.

APPENDIX C: DETERMINING SERVICE AREA

CDBG-funded activities may be carried out to benefit an entire jurisdiction, or just a specific area of the jurisdiction, including a combination of incorporated and unincorporated areas. The service area will establish how the proposed Targeted Income Group (TIG) beneficiaries are determined.

For target areas, a **readable map** must be provided showing the exact area being served. Each target area will require a separate set of tables with the proper data.

Most Census maps can be obtained by visiting the American Fact Finder website at:

www.factfinder.census.gov/servlet/thematicmapframesetservlet

For each activity, indicate whether the proposed activity will be jurisdiction-wide or confined to a target area.

JURISDICTION-WIDE

- If a project or program is “jurisdiction-wide”, this means that every person/household in the jurisdiction has an opportunity to benefit from a CDBG-funded activity.
- When addressing a community-wide health and safety problem, benefit is generally provided to all the residents of a geographic area or all users of the public facility/service. Typically, only a portion of the beneficiaries of such an activity are TIG persons/households.
- To determine the percent of TIG for jurisdiction-wide activities, refer to the TIG percentages noted in the NOFA, or use the results of your valid income survey.

TARGET AREA(S)

- A Target Area is a specific portion of a jurisdiction that will benefit from an activity.
- A Target Area may include incorporated and unincorporated areas.
- Target Areas must have at least 51 percent of its people/households documented as TIG.
- Select the unit of census data that encompasses the proposed target area:
 - If the target area is completely within a Census Tract, identify the Census Tract.
 - If the target area is completely within a Census Block Group, identify the Block Group(s).
 - If the target area crosses boundary lines for more than one Census Block Group, identify all applicable Census Block Groups.
- To determine the percent of TIG persons/households in a Target Area, either:
 - Using HUD’s income charts, locate the Census Tract/Block Groups for the Target Area:
 - Add up the total number of TIG persons in the Target Area and divide by the total population in the Target Area to arrive at the Target Area TIG percentage.
 - If an Income Survey was performed for the Target Area, Indicate the results of the survey.

APPENDIX D: DETERMINING THE APPROPRIATE LEVEL OF ENVIRONMENTAL REVIEW(S)

- National Environmental Policy Act (NEPA) review requirements apply to **all** CDBG funded activities, including “10% Set-Aside” activities and projects funded with program income.
- The environmental review must identify and address the physical, social, and economic impacts of the entire proposed activity. The environmental review process must consider the ultimate effect of a proposed project, including the potential effects of both the CDBG and related project activities. For example, if CDBG funds are being used to extend a water line to a site for a new residential development or manufacturing plant, then the ultimate effect of the project is not only the new water line, but also the new residential development or plant. Therefore, the environmental review must address the impacts of both the CDBG-funded water line as well as the development of the new residential units or plant. The scope of an environmental review encompasses this definition of a project.
- Environmental review is a critical component of the Readiness and Special Conditions for each activity. It documents compliance with NEPA and the California Environmental Quality Act (CEQA). Although CDBG staff does not monitor for compliance with CEQA, each grantee should also ensure that it has complied with CEQA requirements.
- Each level of review requires different types of documentation. Below is a summary of the required forms for each level of review and a list of typical activities associated with the review(s).
- **Applicants are required to use the most updated flood maps, as provided by the Federal Emergency Management Agency (FEMA) – www.fema.gov . The Flood Zone designation, Panel number and Date must be indicated on the Form 58.6.**
- **All** activities start with an Environmental Finding Form and a Form 58.6. The review path is determined after these forms are completed.

GLOSSARY:

NEPA	National Environmental Policy Act
CEQA	California Environmental Quality Act
CHRIS	California Historic Resources Information System
SHPO	State Historic Properties Office
NOI	Notice of Intent
RROF	Request Release of Funds
FONSI	Finding of No Significant Impact
ERR	Environmental Review Record – This is the entire file containing all documents and findings pertaining to the environmental review.

If you need assistance in determining the appropriate level of review for each proposed activity, please refer to the attached charts. Additional information can be found in the revised CDBG Grant Management Manual, Chapter 3, accessible at: <http://www.hcd.ca.gov/fa/cdbg/manual/>.

APPENDIX D: DETERMINING THE APPROPRIATE LEVEL OF ENVIRONMENTAL REVIEW(S)

EXEMPT (§ 58.34)

1. Required Forms:
 - Environmental Finding Form
 - Form 58.6
2. Typical Activities:
 - General Administrative.
 - Payment of costs for eligible public services that will not have a physical impact or result in any physical changes.
 - Inspections and testing of properties for hazards and defects.
 - Engineering and design.
 - Technical assistance and training.
 - Activities that are Categorically Excluded and subject to 58.5, but have converted to Exempt.

CATEGORICALLY EXCLUDED NOT SUBJECT TO §58.5 (§58.35b)

1. Required Forms:
 - Environmental Finding Form
 - Form 58.6
2. Typical Activities:
 - Economic Development activities.
 - Payment of CDBG eligible operating costs.
 - Payment of CDBG eligible supportive service costs, including but not limited to, health care, housing counseling services, day care or nutritional services.
 - Homeownership Assistance programs.
 - Affordable housing predevelopment costs.
 - Payments of assessments to TIG households where the project **is not** dependent on CDBG funding.

If **any** additional activities are taking place, such as rehabilitation or new construction, or if the project is associated with the expansion of existing operations, the project **does** have to meet a higher environmental clearance level, **even if CDBG funds are not paying for the additional activities.**

APPENDIX D: DETERMINING THE APPROPRIATE LEVEL OF ENVIRONMENTAL REVIEW(S)

CATEGORICALLY EXCLUDED SUBJECT TO §58.5 (§58.35A)

A. Statutory Worksheet with No Secondary Findings

1. Required Forms:
 - Environmental Finding Form
 - Form 58.6
 - Statutory Worksheet (project site) with letter from either CHRIS or SHPO
2. Typical Activities:
 - Payment of assessments for TIG households, where the project **is** dependent on CDBG funding, **and** with a less than 20 percent increase in system capacity.
 - Public Improvements and Public Facility projects with **less than** a 20 percent change in size or capacity.
 - Residential rehabilitation with one to four units
 - Multifamily residential rehabilitation

B. Statutory Worksheet with Secondary Findings

1. Required Forms:
 - Environmental Finding Form
 - Form 58.6
 - Statutory Worksheet (project site) with letter from SHPO/CHRIS
 - Notice of Intent to Request Release of Funds (NOI/RROF) - 7-day public notice period (submit proof of publication)
 - Request for Release of Funds and Certification (RROF and Cert.) – 15-day objection period
2. Typical Activities:
 - Same as Statutory Worksheet with No Secondary Findings (above).

C. Tiered Review for Housing Rehabilitation Programs

1. To obtain environmental clearance for the program **at the beginning** of the grant, submit the following Required Forms:
 - Environmental Finding Form
 - Form 58.6
 - Rehabilitation Environmental Review (RER) **excluding** Appendix A
 - SHPO letter
 - NOI/RROF – 7 day public notice period (submit proof of publication)
 - RROF and Cert. – 15-day objection period.
2. For each housing rehabilitation project, complete Appendix A of the RER but do not submit to CDBG

APPENDIX D: DETERMINING THE APPROPRIATE LEVEL OF ENVIRONMENTAL REVIEW(S)

D. Environmental Assessment (§58.36)

1. Required Forms:
 - Environmental Finding Form
 - Form 58.6
 - Environmental Assessment (EA) with letter from either CHRIS or SHPO
 - Combined Notice (FONSI and NOI/RROF)/15-day public notice period
 - RROF and Certification/ 15-day objection period
2. Typical Activities:
 - New construction
 - Rehabilitation of a public facility or public improvement with more than 20 percent increase in the size or capacity
 - Conversion of land use

E. Environmental Impact Statement (EIS) Determination (§58.37)

1. Required Forms:
 - Notice of Intent to Prepare an EIS Draft and Final EIS
 - Record of Decision
2. Typical Activities:
 - Activities resulting in significant impact on the human environment.
 - Typically larger/regional projects.

APPENDIX D: DETERMINING THE APPROPRIATE LEVEL OF ENVIRONMENTAL REVIEW(S)

Level of Environmental Review¹

Exempt 58.34	Categorically Excluded NOT subject to 58.5
TYPE OF ACTIVITIES	
<ul style="list-style-type: none"> ➤ Administrative and management activities. ➤ Environmental and other studies. ➤ Resource identification. ➤ Information and financial services. ➤ Public services, i.e. employment, crime prevention, child care, health, drug abuse, education, counseling, energy conservation, welfare, recreational needs. ➤ Inspections and testing for hazards or defects. ➤ Purchase insurance or tools. ➤ Engineering or design costs. ➤ Technical assistance and training. ➤ Temporary or permanent improvements that do not alter environmental conditions and are limited to protection, repair or restoration activities to control or arrest the effects from disasters or imminent threats to public safety, including those resulting from physical deterioration. ➤ Payments of principal and interest on loans or obligations guaranteed by HUD. 	<ul style="list-style-type: none"> ➤ Tenant-based rental assistance. ➤ Supportive services such as health care, housing services, permanent housing placement, day care, nutritional services, short-term payments for rent, mortgage, or utilities, assistance in gaining access to government benefits. ➤ Operating costs including maintenance, furnishings, security, equipment, operation, supplies, utilities, staff training and recruitment. ➤ Economic development activities including equipment purchase, inventory financing, interest subsidy, operating costs, and other expenses not associated with construction or expansion. ➤ Activities to assist homeownership of existing dwelling units or units under construction, including closing costs and down payment assistance to homebuyers, interest buy downs or other activities which do not have a physical impact. ➤ Affordable housing pre-development costs: legal consulting, developer and other site-option costs, project financing, administrative costs for loan commitments, zoning approvals and other activities which do not have a physical impact. ➤ Approval of supplemental assistance (including insurance or guarantee) to a project previously approved under Part 58, if: approval is by the same Responsible Entity, and re-evaluation is not required, per 58.47.

¹ Adapted from chart prepared by Anchorage Office of Native American Programs, HUD

APPENDIX D: DETERMINING THE APPROPRIATE LEVEL OF ENVIRONMENTAL REVIEW(S)

Level of Environmental Review

Categorically Excluded AND subject to 58.5 (“A” checked for <u>all</u> items in the “Status” column)	Categorically Excluded AND subject to 58.5 (“B” checked for <u>one or more</u> items in the “Status” column)
TYPE OF ACTIVITIES	
<ul style="list-style-type: none"> ➤ Acquisition, repair, improvement, reconstruction, or rehabilitation of public facilities and improvements (other than buildings), when the facilities and improvements are already in place and will be retained in the same use without change in size or capacity of more than 20 percent: <ul style="list-style-type: none"> ○ Replacement of water or sewer lines; ○ Reconstruction of curbs & sidewalks; and ○ Repaving of streets. ➤ Special Projects directed toward the removal of material and architectural barriers that restrict the mobility of and accessibility to the elderly and handicapped. ➤ Single Family Housing Rehabilitation: <ul style="list-style-type: none"> ○ Unit density is not increased beyond 4 units; ○ Project does not involve change in land use from residential to non-residential; and ○ The footprint of the building is not increased in a floodplain or a wetland. ➤ Multifamily Housing Rehabilitation: <ul style="list-style-type: none"> ○ Unit density change is not more than 20 percent; ○ Project does not involve change in land use from residential to non-residential; and ○ Cost of rehabilitation is less than 75 percent of the estimated cost of replacement after rehabilitation. ➤ Non-Residential Structures: <ul style="list-style-type: none"> ○ Facilities and improvements were in place and will not be changed in size or capacity by more than 20 percent; and ○ Activity does not involve change in land use from non-residential to residential, commercial to industrial, or one industrial use to another. ➤ Individual action (e.g. disposition, new construction, demolitions, acquisition) on a 1 to 4 unit dwelling; or individual action on 5 or more units scattered on sites more than 2000 feet apart and not more than 4 units per site. ➤ Acquisition (including leasing) or disposition of, or equity loans on an existing structure or acquisition (including leasing) of vacant land provided that the structure of land acquired or disposed of will be retained for the same use. ➤ Combinations of the above activities. 	

NEPA Environmental Assessment

- Activities not exempt or categorically excluded.
- Generally, new construction of 5 or more homes.
- Conversion from one type of land use to another.

APPENDIX D: DETERMINING THE APPROPRIATE LEVEL OF ENVIRONMENTAL REVIEW(S)



HUD ENVIRONMENTAL FINDING FORM (EFF)

U.S. Department of Housing and Urban Development
Pacific/Hawaii Office
450 Golden Gate Avenue
San Francisco, California 94102-3448

CDBG Grantee: _____

Activity: (scope of NEPA Activity, e.g., sewer and water improvements in support of shopping center development **and** identification of CDBG Activity, (e.g., planning/technical assistance grant, housing rehabilitation, public facilities, public improvements, business loan, microenterprise program, etc.):

The environmental level of clearance for _____ (activity) is:

- ☐ Exempt (24 CFR Part 58.34), **OR**
☐ Categorically excluded not subject to the §58.5 statutes [24 CFR Part 58.35(b)]
Attached documentation:
☐ HUD Environmental Form for Statutes and Regulations at 24 CFR Part 58.6

- ☐ Categorically excluded subject to the §58.5 statutes per 24 CFR Part 58.35(a), but **requires no** mitigation and *has converted to exempt status* [24 CFR Part 58.34(a)(12)], *or*
☐ Categorically excluded subject to the §58.5 statutes [24 CFR Part 58.35(a)], but **will require** mitigation and, therefore, will not convert.

Attached documentation:

- ☐ HUD Environmental Form for Statutes and Regulations at 24 CFR Part 58.6, **AND**
☐ Statutory Worksheet, **OR**
☐ Rehabilitation Environmental Review (RER) form (tiered environmental reviews only).
RER Appendix A (Parts 3-6) must be completed after the project site is identified and before you proceed with the project. A copy of Appendix A must be kept in the project file.
If the Statutory Worksheet triggers public noticing requirements, also provide:
☐ Notice of Intent to Request Release of Funds (proof of publication) and
☐ Request for Release of Funds and Certification (HUD-7015.15 form).
The RER **requires** public noticing, provide:
☐ Notice of Intent to Request Release of Funds (proof of publication) and
☐ Request for Release of Funds and Certification (HUD-7015.15 form)

- ☐ Environmental Assessment (24 CFR Part 58.36)

Attached documentation:

- ☐ HUD Environmental Form for Statutes and Regulations at 24 CFR Part 58.6
☐ Environmental Assessment
☐ Combined Finding of No Significant Impact/Notice of Intent to Request Release of Funds (proof of publication)
☐ Request for Release of Funds and Certification (HUD-7015.15 form)

- ☐ Environmental Impact Statement (24 CFR Part 58.37). **Contact a CDBG Representative.**

Certifying Officer Signature

Print Name

Date Certified

APPENDIX D: DETERMINING THE APPROPRIATE LEVEL OF ENVIRONMENTAL REVIEW(S)

HUD ENVIRONMENTAL FORM FOR STATUTES AND REGULATIONS AT 24 CFR 58.6



U.S. Department of Housing and Urban Development
Pacific/Hawaii Office
450 Golden Gate Avenue
San Francisco, California 94102-3448

ACTIVITY DESCRIPTION: GENERAL ADMINISTRATIVE ACTIVITIES

Level of Environmental Review Determination (per EFF): Select

(Exempt per 24 CFR 58.34, Categorically excluded not subject to statutes per § 58.35(b), Categorically excluded subject to statutes per § 58.35(a), Environmental Assessment per § 58.36, or EIS per 40 CFR 1500).

STATUTES and REGULATIONS listed at 24 CFR 58.6

FLOOD DISASTER PROTECTION ACT

1. Does the project involve acquisition, construction or rehabilitation of structures located in a FEMA identified Special Flood Hazard?
☐ No Cite Source Document: Exempt General Admin Activities will not impact 100 year flood zones. (This factor is completed; go to next factor).
☐ Yes Source Document: _____
2. Is the community participating in the National Insurance Program (or has less than one year passed since FEMA notification of Special Flood Hazards)?
☐ Yes Flood Insurance under the National Flood Insurance Program must be obtained and maintained for the economic life of the project, in the amount of the total project cost. A copy of the flood insurance policy declaration must be kept on file.
☐ No Federal assistance may not be used in the Special Flood Hazards Area.

COASTAL BARRIERS RESOURCES ACT

1. Is the project located in a coastal barrier resource area?
☐ No Cite Source Documentation: There are no Coastal Barrier Resources on West Coast of United States. (This factor is completed; go to next factor).
☐ Yes Federal assistance may not be used in such an area.

AIRPORT RUNWAY CLEAR ZONES AND CLEAR ZONES DISCLOSURES

1. Does the project involve the sale or acquisition of existing property within a Civil Airport's Runway Clear Zone or a Military Installation's Clear Zone?
☐ No Activity does not involve acquisition or sale of property. Project complies with 24 CFR 51.303(a)(3). **(This factor is completed)**
☐ Yes **Disclosure statement must be provided** to buyer and a copy of the signed disclosure must be maintained in this Environmental Review Record.

Preparer Signature

Print Name

Date Certified

Certifying Officer Signature

Print Name

Date Certified

APPENDIX E: COST CATEGORIES FOR CDBG ACTIVITIES

GENERAL ADMINISTRATIVE COSTS

- To support a CDBG program at the local level, jurisdictions have to perform supporting functions that are necessary and appropriate in implementing and administering a CDBG award.
- These costs are reimbursable under General Administrative (GA) costs.
- General Administrative costs may be allocated on a direct basis or an indirect basis.
- Costs that are always considered “administrative” include:
 - General management, oversight and coordination of the program including, but not limited to, providing information about the overall CDBG program, preparing budgets, reports and other documents.
 - Indirect costs, per OMB A-87 (F)(1) , are those costs incurred for a common or joint purpose benefiting more than one cost objective and are not readily assignable to the specific cost object benefited.
 - As a general guideline, the GA cost allowed is 7.5 percent of the total award. An additional 2.5 percent may be used if the grantee has committed that in the form of local leverage for GA.

ACTIVITY DELIVERY COSTS

- Activity Delivery costs are **direct costs** incurred in carrying out a specific project or program.
- The amount of activity delivery costs charged to the State CDBG grant is limited to a percent of the total activity budget.
- Grantees are allowed to use a portion of the grant award to pay for the actual costs associated with the delivery of each proposed activity. Activity delivery includes costs associated with staff and overhead **directly** involved with carrying the **specific** activity.
- Activity delivery costs vary, depending on the activity category. As a general guideline, the cost of activity delivery has been a percentage of the amount awarded for the activity as follows:
 - Housing Rehabilitation..... up to 19 percent
 - Public Facilities or Public Improvements..... up to 8 percent
Note: If complex labor standards are involved (multiple subcontractors and/or numerous trades), then up to 12 percent may be requested.
 - All other activities..... up to 8 percent
- Costs that would be associated with “activity delivery” include:
 - Application processing and specific program/project marketing,
 - Direct costs of salaries and expenses for staff working directly on a specific program/project.
 - Environmental reviews.
 - Labor standards compliance.

APPENDIX E: COST CATEGORIES FOR CDBG ACTIVITIES

Some costs can be charged either to a specific project (Activity Delivery/Activity), or to administrative (General Administrative) costs. Please refer to the Cost Categories Table on the following page.

Activity Costs are directly related to the program/project and include:

- Materials, labor, etc.

OMB CIRCULARS

Information on how to allocate administrative costs can be found in the OMB Circulars A-21, A-87, A-110 and A-122, as appropriate. Copies of the Circulars are available at:
<http://www.whitehouse.gov/omb/circulars/index.html>

APPENDIX E: COST CATEGORIES FOR CDBG ACTIVITIES

Cost Categories Table

Costs	General Administration	Activity Delivery	Activity
Advertisements		X	
Appropriate Fees		X	X
Attend Workshops (HCD)	X		
Bidders Conferences		X	
Construction			X
Engineering Draw/Design		X	
Environmental Studies	X	X	
Fiscal Reporting	X		
General Coordination	X		
Indirect Costs (<i>see Instructions</i>)	X		
Insurance Premiums	X	X	
Labor Standards		X	X
Land Surveying		X	
Loan Processing		X	
Meetings with Banks	X	X	
Meetings with Homeowners/Homebuyers		X	
Personnel Costs	X	X	
Predevelopment Costs	X		
Procurement	X	X	
Program Reporting to CDBG	X		
Project Inspections		X	
Relocation Costs		X	X
Work Write-ups		X	

APPENDIX F: STATE OBJECTIVES

STATE OBJECTIVES (Maximum of 50 points per application.)

Per CCR, Title 25, Section 7078.7, the Department may award an application up to 50 points for addressing one or more state objectives as identified in the annual CDBG NOFA.

The Department's selection of state objectives is based on one or more of the following:

- Emergent circumstances such as natural disaster or economic dislocation.
- Imbalance among the types of activities funded in prior years' awards.
- Imbalance in the geographic distribution of funds in prior years' awards.
- Imbalance in the population served in prior years' awards.
- Federal funding priorities as publicly announced by HUD.
- Housing and community development needs or objectives identified in the annual Consolidated Plan.

The Department has identified five (5) state objectives, of which four are activity specific:

1. Native American Partnerships– activity-specific
2. Public Improvements and Public Improvements in Support of Housing New Construction– activity-specific
3. Farmworker Housing/Health Services – activity-specific
4. Capacity Building – only one per application

Notes: An application may qualify for one or more of the State Objectives. If so, in the Application Summary section of the Application, list all the State Objectives you are claiming. In order to receive State Objective Points, you must claim them under each applicable activity. All activity specific state objective points will be blended based on the amounts requested under each applicable activity..

Capacity Building may only be claimed once per application.

Important Notice: *Failure to comply with any claimed State Objective requirements may result in the applicant having to return CDBG funds.*

1. **Native American Partnership Proposals:** Up to 25 points will be awarded for activities that propose a partnership with eligible non-federally recognized tribes/areas in which, at a minimum, 51 percent of the beneficiaries are Native American tribal members. (The activity description must clearly indicate how this State Objective will be implemented.)
2. **Public Improvement Proposals:** Up to 50 points will be awarded for public improvements and infrastructure in support of housing projects.
3. **Farmworker Housing/Health Services:** Up to 25 points will be awarded to proposals which facilitate the development and/or operation of migrant or permanent

APPENDIX F: STATE OBJECTIVES

farmworker housing **or** proposals which facilitate the provision of health services in combination with farmworker housing. To receive these points, the application must demonstrate that a minimum of 90 percent of the beneficiaries of the proposed activity are farmworkers. (The activity description must clearly indicate how this State Objective will be implemented.)

4. **Capacity Building** (*choose only one per application*): Up to 25 points will be awarded to jurisdictions that applied for CDBG funding but fell below the funding cut-off in the 2009 General Allocation competition. The activity applied for during this funding cycle does not have to be the same as the 2009 proposed activity.

Up to 35 points will be awarded to jurisdictions that applied at least two times in the last five years (2006 to 2009) in the General Allocation and were not funded either time.

In the Application Summary Forms, identify the years that a CDBG General Allocation application was submitted and not funded.

APPENDIX G: LEVERAGE

The Department will award points for private and local governmental commitments to provide additional resources which are directly linked to a proposed activity.

For all activities included in the application, in the Sources and Uses Charts, clearly identify the Use of Funds, Source of Funds, Funding Type, Dollar Amount Committed, Commitment Date, and Page Number in the Application where the local resolution is located. (The original application **must** contain an original or certified original resolution.)

- **In order to be considered as Leverage, supporting documentation must:**
 - **Document the commitment; and**
 - **Be in writing; and**
 - **Specify a per-unit dollar amount, or its equivalent monetary value, for the proposed number of beneficiaries *e.g. \$400 per proposed beneficiary for a total of \$1,200 (based on three proposed beneficiaries).***

Although the CDBG Program does not count State/federal funding sources as leverage, it is important to identify those funds so that the Department can accurately report on these resources.

Note: Commitments of conventional loans are not acceptable as private leverage for any activity.

GENERAL INFORMATION

All leverage commitments must be documented by a letter of commitment from the appropriate person, company, and/or agency.

Such letters must be on company letterhead (if applicable), clearly indicate the dollar amount committed, how this dollar figure was calculated (if applicable), and the activity for which the commitment is being offered.

Failure to submit the required letters of commitment in the application will result in that leverage source not being counted.

All leverage must be expended during the term of the CDBG contract.

SOURCES

- If the leverage is committed by an entity that receives State or federal funding, explain the source of the leverage funds.
- If the contributed funds were derived from a State or federal source but have lost their identity as such, submit documentation to this effect to have the funds counted as leverage.
- If the applicant is a city and the county in which that city is located makes a contribution to this application, the county funds will be counted as a local leverage contribution, as long as the source of the county contribution is not State or federal funds.

APPENDIX G: LEVERAGE

- Program income is not leverage.
- Local Redevelopment Agency funds are an acceptable local contribution. HOWEVER, in order to these funds to be considered as leverage, the applicant must attach a separate RDA resolution (original or certified original).

ACTIVITY

All leverage must be directly linked to a specific CDBG activity for which funds are being sought.

- For example, the commitment of operating subsidies or supportive services will not count as leverage if CDBG funds are being sought for the development of a rental housing new construction project because they are not directly related to the development of the housing.
- For infrastructure in support of housing new construction, only commitment toward the infrastructure portion of the project will be counted as leverage. Contribution toward the housing project will not be counted.
- The CDBG Program will not accept construction and take-out financing for a project. The applicant must specify which of these commitments are to be considered towards leverage.
- For housing acquisition and housing rehabilitation programs, leverage will be evaluated on a per unit basis. If the applicant is proposing housing rehabilitation and/or housing acquisition activities, the number units to be assisted must be indicated.
- The value of conventional lenders' loans for Housing Rehabilitation or Homeownership Assistance programs **is not** considered leverage. However, additional contribution by the conventional lenders, such as designated staff person to work with TIG beneficiaries, training commitment, etc. will be counted as leverage as long as they are well documented and calculated per beneficiary.
- If the proposed activity is an increase in existing service(s), leverage contributions associated with the increase will be counted for assigning a score for leverage.

TYPE OF LEVERAGE

- **Local funds:** Only local funding authorized **by resolution** from a local governing body will be counted as leverage and assigned points.
- **Real property:** For real property, if site control and property value are well documented, the CDBG Program will count the entire value of real property as leverage in a housing new construction project.

For establishing the value of real property, the following may be used:

- Appraisals which **are less than one year old** (this is the preferred documentation for establishing the value of real property);

APPENDIX G: LEVERAGE

- A Purchase Agreement signed by all involved parties;
- The County Tax Assessor's value may be used, as documented on a property tax bill or equivalent document.
- **In-kind contributions:**
 - Jurisdictions may choose to contribute some form of in-kind services. This could be staff time or the value of other administrative services. When using in-kind contributions, applicants must specify the dollar value and indicate if the contributions are for general administration (GA) activities and/or activity delivery (AD) costs. **Applicants must ensure that these specific contributions are clearly identified in the local resolution.** (See Introduction section of Application for information on percentage limits for GA and AD.)
 - Private in-kind contributions.
- **Fee waivers:** If the local contribution includes fee waivers, show the cost of the fees being waived on this chart.
- **Fee deferrals:** If the local contribution includes fee deferrals, the leverage value of the deferrals will be based on the net present value, for the period of the deferral. Please attach the fee deferral calculations, if applicable
- **Infrastructure improvements:** If the jurisdiction proposes infrastructure improvements as a local contribution, this work must be related to the proposed CDBG activity. For example, if a jurisdiction proposes to use redevelopment agency revenues to fund infrastructure improvements in the jurisdiction, points will only be awarded if these improvements are done in conjunction with the CDBG activity proposed in the application.
 - Points will **not** be awarded if the CDBG activity is in one section of a jurisdiction and infrastructure improvements are being done in another part of the community. In the section of this application where applicants describe the proposed activity, it must be clearly detailed as to how this local complementary activity is related to the CDBG activity.
- **Highway Users Taxes (gas taxes):** If the jurisdiction proposes to use gas taxes in support of a housing new construction activity, the identified gas tax amount must be restricted to either: 1) the street(s) on which CDBG-assisted units will be located, or 2) work reasonably required as a condition of project development approval.
- **Funds from private organizations (including non-profits):** If a non-governmental organization is contributing funds and the source of those funds is State or federal funding, the contribution will **not** be counted. Applicants must clearly indicate the source of such contributions and submit the required letters of commitment in the application.
- **Sweat equity contributions:** Sweat equity is based on hours worked and will be valued at \$10 per hour.

Formula: ____ Hours x \$10 per hour = \$ ____ = Total Sweat Equity

APPENDIX G: LEVERAGE

- Note:** In order to receive leverage credit for sweat equity, applicants must comply with all lead-based paint regulations. For housing rehabilitation and homebuyer acquisition activities, property owners **must fulfill one** of the following:
- Take a one-day, HUD-approved work safe class; or
 - Perform activities that do not trigger lead-based paint regulations; or
 - Work on a home completed after January 1, 1978.
- **Value of developer fee deferrals:** Will be based on net present value for the period of the deferral, at the approximate cost of funds. Please attach all applicable calculations.
 - **Volunteer labor and/or donated materials:** If the jurisdiction shows volunteer labor and/or donated materials as a private leverage contribution, documentation must be maintained in the applicant's files for monitoring purposes. A letter or other documentation that clearly shows how the value of the labor and materials was calculated must be submitted with the application. Statements such as "based on past experience" for labor calculations are not adequate. If documentation of dollar value for labor is not submitted with the application, CDBG will assign a value of \$10 per hour.
 - **Contributions to a project from a program administrator** may be a conflict of interest. Please contact the appropriate CDBG Representative to discuss this issue if the applicant is anticipating contracting out for program administration and a contribution from a potential program administrator is anticipated.
 - **Contributions towards** payment of salaries and purchase of new supplies, equipment, inventory, or operating expenses for the grant term may be counted as leverage.
 - On the funding sources chart, when claiming leverage credit for salaries, inventory, and operating expenses, leverage must be expended during the grant term. In the application, applicants must clearly state the time period for which the leverage is claimed. For example, United Way - Shelter Coordinator Salary (one year), or Safeway - increase in donated food (two years).
 - Other **potential private leverage** sources include, but are not limited to donated material and foundation grants.

APPENDIX H: CENSUS TABLES AND CALCULATIONS

2000 U.S. Census data may be used to quantify a portion of an applicant's need for an activity compared to other applicants. Different Census data sets are used for different types of activities.

This appendix describes how applicants must calculate figures for each applicable Census table to be included in the application. Applicants must show the calculation on each census table. Failure to do so may result in no points being given under that particular category.

The census tables used to document an applicant's need are as follows:

U.S. Census 2000 Summary File 1 (SF 1), Table DP-1

- Homeowner and Rental Vacancy Rate
 - Homeownership Acquisition
 - Public Improvements in support of Housing New Construction (PIHNC)
 - Housing New Construction
- Homeownership Rate
 - Homeownership Assistance

U.S. Census 2000 Summary File 3 (SF 3), Table DP-4

- Age of Housing Stock
 - Housing Rehabilitation
- Overcrowding
 - Homeownership Assistance
 - Public Improvements in support of Housing New Construction (PIHNC)
 - Housing New Construction
 - Housing Rehabilitation
- Renter Overpayment
 - Homeownership Assistance
 - Public Improvements in support of Housing New Construction (PIHNC)
 - Housing New Construction

These tables can be obtained through the 2000 Census Data Sets, Summary File 1 (SF1), Summary File 3 (SF3), Tables DP-1 and DP-4 which are located online at:

http://factfinder.census.gov/servlet/DatasetMainPageServlet?_program=DEC&_submenuId=datasets_0&_lang=en .

Counties- See Special Instructions

APPENDIX H: CENSUS TABLES AND CALCULATIONS

INSTRUCTIONS - CITIES

1. To obtain Census information, go to the web address below. In the left-hand column, select Data Sets and then Decennial Census, or click on the following link:

http://factfinder.census.gov/servlet/DatasetMainPageServlet?_program=DEC&_submenuId=datasets_0&_lang=en .

2. Scroll down and select the appropriate Census Summary File:
 - Census 2000 Summary File 1 (SF1) 100-Percent Data, or
 - Census 2000 Summary File 3 (SF3) – Sample Data
3. From the dropdown list that appears, select List all tables.
4. When window opens up:
 - If *Census 2000 Summary File 1 (SF1) 100-Percent Data*, was previously selected, then choose: *DP-1. Profile of General Demographic Characteristics: 2000*, and click NEXT.
 - If *Census 2000 Summary File 3 (SF3) – Sample Data*, was previously selected, then choose: *DP-4. Profile of Selected Housing Characteristics: 2000*, and click NEXT.
5. Under *Select a geographic type*, choose Place and under *Select a state* select California.
6. Under *Select one or more geographic areas and click 'Add'*, select the name of the applicant city.
7. Click the Add button. This will place the selected City under *Current geography selections*.
8. Click on Show Result.
9. Go to the Print/Download Menu option on the top of the screen.
10. Click “Print” if you want to print the table, or “Download” if you want to save in Excel format.
11. Include in application package along with the calculations.

APPENDIX H: CENSUS TABLES AND CALCULATIONS

INSTRUCTIONS – COUNTIES

Counties are reminded that County-wide Census Tables also include the data for the incorporated cities within a county. As a result, when the activity only serves the unincorporated area of the county, all city data must be mathematically removed from County-wide data in order to accurately depict the portion of a county that will benefit from an application.

1. County applicants with a CDBG program that include **all** jurisdictions within the County, follow Steps # 1 – 4 for Cities, then continue as follows:
 - Under *Select a geographic type*, choose County and under *Select a state* select California.
 - Under *Select one or more geographic areas and click 'Add'*, select the name of the applicant county.
 - Click the Add button. This will place the selected County under *Current geography selections*.
 - Click on Show Result.
2. A county applicant's program that **does not** include all jurisdictions within the County (local jurisdictions apply independently, directly to the State CDBG program or are entitlement jurisdictions) will need to extract independent jurisdictions data from the Census county totals.

These Counties should follow Steps # 1 – 4 for Cities for all the jurisdictions to be removed from County totals, then continue as follows:

- Under Select a geographic type, choose County, and under *Select a state*, select California.
- Click the Add button. This will place the selected City under *Current geography selections*.
- Perform the subtraction, and enter the results in the application forms. Include these tables as support documentation and show your calculation.

The following sections describe how to calculate the Census-based need indicators to be included in the CDBG application. Applicants must show their calculations on each census table, with final percentages rounded to two decimal places.

APPENDIX H: CENSUS TABLES AND CALCULATIONS

Always print and include the Census tables in your application. The calculations and tables must be included in the application.

CALCULATIONS USING CENSUS DATA (2000 DP-1; Summary File 1)

HOMEOWNER and RENTAL VACANCY RATE

DP-1: Profile of General Demographic Characteristics: 2000		
Data Set: Census 2000 Summary File 1 (SF 1) - Sample Data		
HOUSING OCCUPANCY	Number	Percent
Total housing units	55,912	100.0
Occupied housing units	51,238	91.6
Homeowner vacancy rate (percent)	1.7	(X)
Rental vacancy rate (percent)	4.7	(X)

To determine the percent of vacancy among owner-occupied and renter-occupied units:

1. Use the homeowner vacancy rate percent provided by the Table: **1.70** percent

2. Use the rental vacancy rate percent provided by the Table: **4.70** percent

HOMEOWNERSHIP RATE (Housing Tenure)

DP-1: Profile of General Demographic Characteristics: 2000		
Data Set: Census 2000 Summary File 1 (SF 1) - Sample Data		
HOUSING TENURE	Number	Percent
Occupied housing units	51,238	100.0
Owner-occupied housing units	29,534	57.6
Renter-occupied housing units	21,704	42.4

To determine the homeownership rate:

1. Take the owner-occupied housing units, 29,534

2. Divide the above total by the number of total occupied housing units, 51,238
 $29,534 / 51,238 = 57.64$ percent

3. The Homeownership Rate = **57.64** percent

CALCULATIONS USING CENSUS DATA (2000 DP-3 Summary File 3)

AGE OF HOUSING STOCK

DP-4: Profile of Selected Housing Characteristics: 2000		
Data Set: Census 2000 Summary File 3 (SF 3) - Sample Data		
Subject	Number	Percent
Total housing units	55,912	100.0
YEAR STRUCTURE BUILT		
1999 to March 2000	644	1.2
1995 to 1998	2,890	5.2
1990 to 1994	4,511	8.1
1980 to 1989	6,687	12.0
1970 to 1979	9,622	17.2

To determine the percent of housing units built prior to 1970:

1. Units built prior to 1970:
 $8,006 + 14,483 + 9,069 = 31,558$

2. Divide the above total by the number of total housing units, 55,912
 $31,558 / 55,912 = 56.44$ percent

3. Age of housing stock built pre-1970
= **56.44** percent

APPENDIX H: CENSUS TABLES AND CALCULATIONS

1960 to 1969	8,006	14.3
1940 to 1959	14,483	25.9
1939 or earlier	9,069	16.2

OVERCROWDING

DP-4: Profile of Selected Housing Characteristics: 2000		
Data Set: Census 2000 Summary File 3 (SF 3) - Sample Data		
OCCUPANTS PER ROOM	Number	Percent
Occupied housing units	51,238	100.0
1.0 or less	48,714	95.1
1.01 to 1.50	1,426	2.8
1.51 or more	1,098	2.1

To determine the percent of overcrowded housing units (more than 1.0 occupant per room):

1. Add up the units *with 1.01 or more* occupants per room:
 $1,426 + 1,098 = 2,524$

2. Divide the above total by the number of occupied housing units:
 $2,524 / 51,238 = 4.93$ percent

3. Overcrowding = **4.93 percent**

RENTER OVERPAYMENT

DP-4: Profile of Selected Housing Characteristics: 2000		
Data Set: Census 2000 Summary File 3 (SF 3) - Sample Data		
GROSS RENT AS A PERCENTAGE OF HOUSEHOLD INCOME IN 1999	Number	Percent
Less than 15 percent	8,453	37.3
15 to 19 percent	3,269	14.4
20 to 24 percent	3,106	13.7
25 to 29 percent	2,077	9.2
30 to 34 percent	1,515	6.7
35 percent or more	4,023	17.7
Not computed	230	1.0

To determine the percent of renters overpayment (25 percent or greater):

1. Add up the total households paying less than 25 percent:
 $8,453 + 3,269 + 3,106 = 14,828$

2. Add up the total households paying 25 percent or more:
 $2,077 + 1,515 + 4,023 = 7,615$

DO NOT INCLUDE "NOT COMPUTED"

3. Add the above totals together to arrive at the total renter households counted for this item:
 $14,828 + 7,615 = 34,081$

4. Divide the total households paying 25 percent or more by the total renter households counted:
 $7,615 / 34,081 = 22.34$ percent

5. Renter Overpayment = **22.34 percent**

APPENDIX I: SAMPLE RESOLUTION OF THE GOVERNING BODY

RESOLUTION NO. __

A RESOLUTION APPROVING A 2010/2011 APPLICATION FOR FUNDING AND THE EXECUTION OF A GRANT AGREEMENT AND ANY AMENDMENTS THERETO FROM THE GENERAL/NATIVE AMERICAN ALLOCATION OF THE STATE CDBG PROGRAM

BE IT RESOLVED by the City Council/County Board of Supervisors of the City/County of _____ as follows:

SECTION 1:

The City Council/County Board of Supervisors has reviewed and hereby approves an application for up to \$_____ for the following activities:

(List all activity titles showing funding breakdown)

Example (activity totals should include activity delivery dollars):

General Program Administration	\$XXXXXX
Housing Rehabilitation- Single Unit Residential	\$XXXXXXXX
Public Improvements-HNC-Street Improvements	\$XXXXXX
Set-Aside – Public Facilities and Improvements	\$XXXXXX

SECTION 2:

The City/ County has determined that federal Citizen Participation requirements were met during the development of this application.

SECTION 3:

The City/County hereby approves the use of Local Leverage Funding Sources (listed below) in the amount of \$_____ to be used as the City's/County's leverage for this application.

(List all funding sources identified in application on Local Leverage Funding Sources chart)

Example:

In-kind Staff	12,500
Gas Tax	10,000
Fee Waivers	3,000

NOTE: When local leverage is provided by the Redevelopment Agency, a separate resolution must be provided in accordance with Citizen Participation requirements.

SECTION 4:

The City/County hereby approves the commitment of Program Income in the amount of \$_____ during the grant term to the following activities:

Example (based on \$400,000 program income commitment):

Housing Rehabilitation	\$100,000
------------------------	-----------

APPENDIX I: SAMPLE RESOLUTION OF THE GOVERNING BODY

Public Improvements-HNC-Street Improvements

\$100,000

Set-Aside – Public Facilities and Improvements

\$200,000

SECTION 5:

The (title of designated official[s]) _____ is hereby authorized and directed to sign this application and act on the City's/County's behalf in all matters pertaining to this application.

SECTION 6:

If the application is approved, the (title of designated official[s]) _____ is authorized to enter into and sign the grant agreement and any subsequent amendments with the State of California for the purposes of this grant.

SECTION 7:

If the application is approved, the (title of designated official[s]) _____ is authorized to sign Funds Requests and other required reporting forms.

PASSED AND ADOPTED at a regular meeting of the City Council/County Board of Supervisors of the City/County of _____

held on _____ by the following vote:

AYES:

NOES:

ABSENT:

Name and Title

City Council/Board of Supervisors

STATE OF CALIFORNIA

City/County of _____

I, _____, City/County Clerk of the City/County of _____, State of California, hereby certify the above and foregoing to be a full, true and correct copy of a resolution adopted by said City Council/Board of Supervisors on this ____ day of _____, 20____.

Name, City/County Clerk of the City/County of

_____, State of California

By: _____
Name, Title

APPENDIX J: SAMPLE PUBLIC HEARING NOTICES

In order to encourage meaningful citizen participation, it is recommended that the Program Design Hearing Notice be published at least 10 days prior to the hearing. It is also recommended to conduct the Program Design hearing at least 30 days prior to the Application Submittal hearing.

SAMPLE NOTICE FOR THE PUBLIC HEARING HELD AT THE PROGRAM DESIGN PHASE

NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that the City/County of _____ will conduct a public hearing by the City Council/County on Wednesday, January 21, 2010, at 6:00 p.m. at the City Hall Conference Room, _____ Street, to discuss the Fiscal Year 2010-11 Community Development Block Grant (CDBG) Program for the (indicate General or Native American) allocation and to solicit citizen input.

Maximum award limits for each CDBG allocation are specified in the Notice of Funding Availability (NOFA).

The dollar amount of General, Colonias, and Native American allocation funds available varies each year, and a grant from these allocations does not count toward any yearly caps under the Economic Development or Planning and Technical Assistance allocations of the CDBG Program.

The major activity categories are Homeownership Assistance, Housing Rehabilitation, Public Facilities, Public Services, and Public Improvements activities. Projects funded with CDBG General, Native American, and/or Colonias Allocations must meet the National Objective of Benefit to Targeted Income Group (TIG) persons.

The Community Development/Housing Department on behalf of the City/County of (_____) anticipates applying for the maximum grant amounts as stated in the Notice of Funding Availability (NOFA).

The purpose of the public hearing will be to provide citizens an opportunity to comment/recommend activities for preparation of a CDBG application. If you are unable to attend the public hearing, you may direct written comments to the County/City of _____, Community Development/Housing Department, _____ Street, _____, CA 9_____ or you may telephone _____. In addition, a public information file is available for review at the above address between the hours of 8:00 a.m. and 5:00 p.m. on weekdays.

If you plan on attending the public hearing and need a special accommodation because of a sensory or mobility impairment/disability, or have a need for an interpreter, please contact _____ at _____ to arrange for those accommodations to be made.

APPENDIX J: SAMPLE PUBLIC HEARING NOTICES

The City/County promotes fair housing and makes all programs available to low- and moderate-income families regardless of age, race, color, religion, sex, national origin, sexual preference, marital status, or handicap.

In order to encourage meaningful citizen participation, it is recommended that the Application Submittal Hearing Notice be published at least 10 days prior to the hearing. It is also recommended that the Application Submittal hearing take place at least 30 days after the Program Design hearing.

SAMPLE NOTICE FOR PUBLIC HEARING HELD AT THE APPLICATION SUBMITTAL PHASE

NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that the City/County of _____ will conduct a public hearing by the City Council/County on Wednesday, March 25, 2010, at 6:00 p.m. at the City Hall Conference Room, _____ Street to discuss the Fiscal Year 2009-10 Community Development Block Grant (CDBG) (indicate General or Native American) Allocation application and to solicit citizen input.

The Community Development/Housing Department on behalf of the City/County of _____ is applying for a grant amount of up to \$ (list application amount) under the (indicate General or Native American) Allocation for (identify all activities in the application) to be performed within the (identify target areas).

The purpose of the public hearing is to provide citizens an opportunity to comment on the proposed activity(ies). If you are unable to attend the public hearing, you may direct written comments to the City/County of _____, Community Development/Housing Department, _____ Street, _____, CA 9____ or you may telephone _____. In addition, a public information file is available for review at the above address between the hours of 8:00 a.m. and 5:00 p.m. on weekdays.

If you plan on attending the public hearing and need a special accommodation because of a sensory or mobility impairment/disability, or have a need for an interpreter, please contact _____ at _____ to arrange for those accommodations to be made.

The City/County promotes fair housing and makes all programs available to low and moderate income families regardless of age, race, color, religion, sex, national origin, sexual preference, marital status, or handicap.

APPENDIX K: CONDUCTING A CDBG INCOME SURVEY

This document provides guidance for jurisdictions who anticipate conducting income surveys to determine Targeted Income Group (TIG) benefit for HUD programs, according to 24 CFR 570.483 (b) (I) (i). For additional information on income surveys, please access HUD's Office of Community Planning and Development at:

<http://www.hud.gov/offices/cpd/lawsregs/notices/2005/05-06.doc>

Jurisdictions may consider hiring a professional demographer to conduct surveys of large areas. Surveys should be as statistically reliable as the U.S. Census.

NOTE:

- **THE DEPARTMENT WILL NOT ACCEPT INCOME SURVEYS THAT DO NOT DESCRIBE IN DETAIL THE METHODOLOGY USED TO CONDUCT THE SURVEY AND HOW RANDOM SAMPLING WAS ACHIEVED.**
- **THE DEPARTMENT WILL NOT ACCEPT INCOME SURVEYS THAT WERE COMPLETED OVER 60 MONTHS PRIOR TO THE DATE THE APPLICATION IS RECEIVED.**

- I. Planning the Survey
- II. Information about Random Sampling
- III. Adequate Sample Size
- IV. Conducting the Survey
- V. Sample Survey Form
- VI. Calculating the Survey Results
- VII. Documenting the Survey Results

SERVICE AREA

The service area for the activity must be determined prior to commencing the survey. The service area need not be coterminous with Census Tracts or other officially recognized boundaries; it is critical that the service area be the entire area served by the activity (see 24 CFR 570.483 (b)(I)(i)). The responsibility for outlining the area served by the activity rests with each jurisdiction or grantee. The service area includes all or part of several units of general local government and may contain both incorporated and unincorporated areas. Income data from HUD may be usable for a portion of the service area while an income survey may be used for the remaining portion of the service area, provided that each source independently meets the 51% Low-Mod Income requirement.

APPENDIX K: CONDUCTING A CDBG INCOME SURVEY

I. Planning the Survey

The planning stage should include:

- Determine the area to be surveyed, including the size of the universe and the minimum number of responses required.
- Determine the income limits for your County for each household size. Updated information is available at: www.hcd.ca.gov/fa/cdbg/funds then click on Income Limits.
- Determine the appropriate survey method (mail, door-to-door or telephone) and identify how this method will achieve random sampling.
- Create a survey form, including the appropriate TIG income limits for each household size (sample form attached).

II. Information about Random Sampling

The Department will accept sampling statistics that represent the population as a whole if the applicant uses a methodologically sound survey. Conversely, the Department may, after reviewing the submitted data, determine that the methodology was statistically unsound. In such cases, the Department may assign a score of zero for TIG Benefit, or may use other generally recognized data such as HUD's Low-Mod Income data.

Coded Questionnaires: A simple method of coding is to place a number on the questionnaires or return envelopes. When the questionnaire is received, a list of returned numbers is kept. If the response rate is not high enough so that follow-up contacts are needed, the addresses of numbers for which no response has been received can be looked up and additional questionnaires sent out. Information on drawing random numbers is available at www.randomizer.org or www.random.org.

Random Sampling: The guiding rule for sampling households or beneficiaries from the larger population is the avoidance of sampling bias. That is, sampling should not systematically exclude certain types of respondents. For example, surveys conducted mid-week during the day may exclude working households and provide inaccurate statistics about the larger population. If the survey methodology contains a sampling bias, larger sampling sizes will not solve the problem because certain portions of the population will continue to be systematically excluded from the sampling.

As a general rule, each individual within the population should have an equal chance of being surveyed. Beware of using data sources that contain only certain portions of your beneficiary population. For example, some utility billing lists may contain only property owners, while the beneficiaries will be both owners and renters. Tax rolls can be used for door-to-door surveys to provide

APPENDIX K: CONDUCTING A CDBG INCOME SURVEY

a list of addresses in the universe, but should be adjusted for apartment buildings. City indexes and 911 maps are often helpful sources of data. After identifying the universe, the surveyor must conduct a random drawing of a number of addresses that exceeds the minimum required for that universe.

Within your application to the Department, describe the sampling methodology and how it achieves a randomly-selected sampling.

III. Adequate Sample Size

The required sampling size is determined by the size of the universe or the service area. The following table should be used to determine how many households a surveyor needs to interview to develop a survey of acceptable accuracy. For example, if you had a small water district of only 50 households, you would have to get responses from all 50 households. If the district had 500 households, you would have to get responses from 250. If the district had 5,000 households, you would have to get responses from 400.

Required Sample Sizes for Universes

<u>Number of Households in the Universe</u>	<u>Minimum # of Responses</u>
1 - 50	All
51 - 55	50
56 - 63	55
64 - 70	60
71 - 77	65
78 - 87	70
88 - 99	80
100 - 115	90
116 - 138	100
139 - 153	110
154 - 180	125
181 - 238	150
239 - 308	175
309 - 398	200
399 - 650	250
651 - 1,200	300
1,201 - 2,700	350
2,701 or more	400

Commercial sites, vacant lots and abandoned/vacant homes should be excluded from the survey.

Non-Respondents: Even the best prepared surveyor will typically encounter non-respondents – the resident may not be home, refuse to be interviewed, or will provide an incomplete form. Non-response rates greater than 20% may affect the validity of the survey. **If the surveyor decides to use replacements, they must be selected through the same random process as the original group.**

APPENDIX K: CONDUCTING A CDBG INCOME SURVEY

Note: When applying for CDBG PTA grants, there is one exception to this table when dealing with a universe of 50 or less. The reason for this is that the CDBG eligibility threshold is that at least 51 % of the beneficiaries must be TIG. In such a case, as soon as the jurisdiction has answers from a sufficient number of respondent households to indicate that the required TIG percentage of 51 % is present, it could consider the information sufficient for area benefit documentation purposes. Using the example of the water district with 50 households, if a jurisdiction wanted to demonstrate CDBG eligibility for a planning grant, as soon as the jurisdiction had 26 TIG respondents, it could stop the survey, as the area benefit has reached the threshold of at least 51 % TIG ($26/50 = 52\%$).

IV. Conducting the Survey

The survey process should include a way to identify specific households who responded to the questionnaire while ensuring the respondents' confidentiality. For example, respondents may be particularly sensitive to the question of household income, or if a respondent's address is requested on the questionnaire, many persons may not answer the income questions or may not complete the questionnaire at all. Consequently, in order to promote a high response rate, the questionnaire should not include identifying information, such as the person's name or address. Confidentiality must be always emphasized to the respondents.

Several acceptable survey methods that preserve the anonymity of the respondent are:

- A. **Door-to-Door Interviews:** The surveyor may hand deliver the questionnaire to the respondent and conduct the survey orally. It is crucial that the interviewer works during different times of the day and on weekends to avoid excluding certain groups. Door-to-door interviews are a reliable method of data collection and tend to receive a high response rate. However, they are most expensive and the responses may be influenced by the interviewer's presence and characteristics.
- B. **Mail Questionnaires:** The survey form must be accompanied by a letter of explanation and a self-addressed stamped envelope. Upon receipt of the completed questionnaire, the address can be checked off the address list and the envelope and questionnaire can be separated. Mail surveys are generally less expensive to conduct and can avoid the issue of sampling bias by surveying the entire universe. The main disadvantage of mail surveys is they can have a low return rate. If the applicant uses this method, a statement ensuring respondent confidentiality should be included.

APPENDIX K: CONDUCTING A CDBG INCOME SURVEY

- C. **Telephone Interviews:** The surveyor must ensure that the respondent is someone competent and knowledgeable about the household's size and income. There are many disadvantages to this method, including that it will exclude households that do not have a telephone or have unlisted numbers; less candid answers; distrustful of surveyor's identity, non-English speakers, etc.

Publicity: To promote citizen participation, it may be worthwhile to arrange advance notice regarding the survey, including date, reason and method of survey. As with all aspects of the survey, any publication must be worded so that it does not bias the results.

V. **Sample Survey Form**

Below is a sample questionnaire to assist the applicant in using a method of surveying that allows for validation and, at the same time, preserves the confidentiality of the respondent. Applicants may include other questions designed to elicit information that they determine is important. However, experience has shown that overly detailed surveys may adversely affect the response rate.

The questions are designed to provide data regarding household size, income, and housing tenure. Household size and income are of particular significance in determining if a household is in the targeted income group.

The reason for collecting income data is for the applicant to make a determination of how many persons surveyed fall into the categories of TIG and above TIG or Non-TIG. The numbers provided in the chart under question #2 should be the current income limits based on household size. **Surveyors should consult the HCD web site and use the current income limits for their County in their questionnaire** (see www.hcd.ca.gov/fa/cdbg/funds).

Target Income Groups: The survey should provide a breakdown of the respondents' Target Income Groups, which are defined as follows:

- TIG – 50% to 80% of Adjusted Median Household Income;
- Low TIG (LTIG) – 0% to 50% of Adjusted Median Household Income; or
- Non-TIG - 81 % and above of Adjusted Median Household Income.

APPENDIX K: CONDUCTING A CDBG INCOME SURVEY

SAMPLE INCOME SURVEY FORM

Dear Resident,

The City/County of _____ is conducting a survey to gather essential information to support an application for grant funding from the California Department of Housing & Community Development. The grant funds can provide vital services that could benefit the entire community, including public infrastructure, community facilities, decent housing, etc. We would appreciate if you fill out the form as accurately as possible. **Please note that a high response rate is needed for this survey to be valid.**

All information included on this questionnaire is confidential. Confidentiality is protected by not including names on any of the forms. No identifying information will be kept and the questionnaires will be tallied as a group.

1. How many persons live in your household? _____

(HOUSEHOLD is defined as all persons who occupy a housing unit. This could be any group of related or unrelated persons who share living arrangements)

2. On a separate sheet of paper, make a determination of your household income. Use the total household income in the last 12 months or the income claimed in the most recent federal income tax filing. Include gross wages before deductions, public assistance, unemployment benefits, social security, pensions, alimony, child support, net income from owning or operating a farm or business, or any other source of income received regularly.

Please check the income range that applies to your household:

(Sample Numbers Only – The surveyor should insert the applicable numbers based on the County income limits for each household size)

_____ \$15,000 - \$16,999	_____ \$23,000 - \$24,999	_____ \$31,000 - \$32,999
_____ \$17,000 - \$18,999	_____ \$25,000 - \$26,999	_____ \$33,000 - \$34,999
_____ \$19,000 - \$20,999	_____ \$27,000 - \$28,999	_____ \$35,000 - \$36,999
_____ \$21,000 - \$22,999	_____ \$29,000 - \$30,999	_____ \$37,000 - \$38,999

3. Are you an Owner-Occupant _____ or a Renter _____?

Thank you on behalf of the entire community! Please return this form to the surveyor or place it in the return envelope and mail it back.

APPENDIX K: CONDUCTING A CDBG INCOME SURVEY

VI. Calculating the Survey Results

After all the data for each household has been collected, edited and tabulated, it is time to calculate the total number of **TIG persons** and divide it by the total number of persons in the surveyed households. It is recommended that the following worksheet be used for this calculation:

TIG Calculation Worksheet

(a) Total number of TIG persons: _____

(b) Total number of persons in the surveyed households: _____

Divide (a) by (b) and multiply by 100:
This is the percentage of TIG persons in the service area. _____

VII. Documenting the Survey Results

It is important that the results of the survey be documented for future reference or for auditing purposes. Documentation should consist of:

- A. Separate All Identifying Information from the Questionnaires. When the survey is complete, the respondents' identifying information (name, address, telephone #) must be separated from the questionnaires and retained.
- B. Keep the Completed Surveys. This provides evidence that the survey was actually conducted.